

Report of Zika Virus-Positive Blood Donor to the California Department of Public Health

1.	a. Name:		
	b. Address:		
			Zip:
	c. Phone number:		
	d. Contact person:		
2.	Blood unit identification number: W		
3.	Date of collection:	-	
4.	Donor's name:		
5.	Blood center case identification nur (This tracking code should be different operational identification nur	erent from the index blood unit ide	entification number o
6.	Donor's date of birth:		
7.	Donor's gender: Male	Female	
8.	Donor's address:		
			Zip:
9.	Donor's telephone number:		
10). Initial NAT s/co:	Repeat 1 NAT s/co:	
		Repeat 2 NAT s/co:	
		Repeat 3 NAT s/co:	
11.	. NAT laboratory:		
	a. Name:		_
	b. Address:		
	c. Phone number:		_
12	2. Additional index testing results (if av	vailable):	
	a. Plasma PCR result:		
	b. Plasma TMA result:		
	e. Serology result(s):		
	f. PRNT/RVPNT result:		

13. Did donor travel to an area with Zika	transmission within	the past 2	months? If yes:
a. Location(s):	b. Date(s):	From	То
		From	То
		From	То
		From	To
		From	То
		From	То
recently lived in or traveled to an area a. Date of last sexual contact: b. Location partner lived/traveled: c. Date partner returned:			
15. Has the donor been previously diagr			
a. Dengue:			
b. Chikungunya:			
16. Did donor enroll in follow-up study to	provide additional sa	amples?	
17. Comments:			

Blood collection facilities: Please attach <u>laboratory reports</u> and fax to <u>local health</u> <u>department</u> of donor's residence. Send results from subsequent tests as they become available.

Local health departments: Please include this form and associated laboratory reports in the patient's CalREDIE electronic filing cabinet or fax to CDPH at (916) 552-9725.