

Enterovirus D68 Surveillance Submittal Form

California Department of Public Health – Viral and Rickettsial Disease Laboratory

Please send a minimum of **0.7 ml** of original respiratory specimen (nasopharyngeal swab, oropharyngeal swab, endotracheal aspirate) on cold pack to:

County of Riverside Department of Public Health Lab
4065 County Circle Drive
Riverside, CA 92503
(951) 358-5070

For more information about specimen submission, please contact:

Megan Crumpler, PhD (951) 358-5070 mcrumple@rivcocha.org

1. Patient and Specimen Information:

Patient's last name, first name:			Patient's county of residence:		
Age:	Sex (circle): M F	Date of Illness onset:	<i>This section is for VRDL use only.</i> Date received by VRDL and VRDL Accession Number:		
1 st	Specimen Type and/or Source:	Date Collected:			
2 nd	Specimen Type and/or Source:	Date Collected:			
Submitter's complete mailing address: Secure fax number: (_____) _____ - _____					

2. Clinical Information:

History of asthma? <input type="checkbox"/> Yes <input type="checkbox"/> No Immunocompromised? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Was patient in ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No Was patient in LTCF? <input type="checkbox"/> Yes <input type="checkbox"/> No Fatality? <input type="checkbox"/> Yes, Date _____ <input type="checkbox"/> No Respiratory/Clinical findings: <input type="checkbox"/> Wheezing <input type="checkbox"/> Fever to _____ °F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Cough <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Coryza	<input type="checkbox"/> Croup <input type="checkbox"/> Bronchiolitis / Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> ARDS (acute respiratory distress syndrome) <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Headache <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Rash (describe below) <input type="checkbox"/> Neurologic symptoms (e.g. seizure, paralysis), pls specify: _____ <input type="checkbox"/> Other symptoms: _____ _____ _____
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3. Previous Laboratory Findings: *Please list relevant laboratory results for this specimen/patient*

<input type="checkbox"/> rhinovirus/enterovirus not further specified <input type="checkbox"/> enterovirus PCR positive <input type="checkbox"/> rhinovirus PCR positive Other virus/agent identified (e.g. influenza): _____ Other relevant laboratory findings: _____
