

ARKANSAS DEPARTMENT OF HEALTH
 Laboratory Services
 4815 West Markham Street, Slot 47
 Little Rock, AR 72205-3867 (501)661-2220

West Nile Virus Specimen Submission Form

SPECIMEN REQUIREMENTS

Please send the first specimen as soon as available along with this form. If the acute sample is taken prior to 10 days after the onset of symptoms, antibodies may not have had time to develop and a false negative test may result. Therefore, a second sample may be required after 10 days from the onset of symptoms.

Please send at least 2.0 ml of serum and at least 1.0 ml of CSF for testing. CSF samples are used only for the IgM test.

Patient Data

Requester Data

Please Print

Last Name First Name M.I.

Street Address

City State Zip Code

Name of Authorized Requester (Physician, other):

Requester's Telephone Number:

Send Result Report To:

Street

City State Zip Code

Date Received Lab Number

Birth Date Sex Race

Month Day Year See Race Codes*

County of Patient's Residence (Required) County Code of Submitter

Date Specimen Collected (Required) Month Day Year

Date of Onset of Symptoms (REQUIRED) Specimen Type Test Requested

Serum West Nile Virus

CSF

Other (specify) _____

Month/Day/Year

Specimen Sequence: 1st 2nd 3rd

Patient's Ethnicity: Hispanic Non-Hispanic

*Race Codes: W=White; B=Black; A=Asian; AI=American Indian; O=Other

Rejected / Unsatisfactory

Reason:

Date Reported Analyst

Additional Information Required for Encephalitis Case Report

1. Risk Factor Information (during 1 month before onset):

Travel outside USA? Yes No Unknown If yes, specify location and dates

Travel Outside Arkansas? Yes No Unknown If yes, specify location and dates

2. Clinical Information:

Current diagnosis: Encephalitis Meningitis Other—Specify _____

Hospitalized Yes No Hospital/City _____

Date of admission _____ Date of Discharge _____

Does the patient have an underlying health condition? Yes No

If yes, specify _____

3. Outcome: Recovered Died Date of death _____

Please check (✓) ALL symptoms patient has experienced since onset of illness

SYMPTOMS	YES	NO	UNK
Rash			
Fever >100.4°F			
Acute Flaccid Paralysis			
Muscle Weakness			
Muscle Pain			
Joint Pain			
Altered Mental Status			
Headache			
Stiff Neck			
Seizures			
Coma			
Other Neurological Signs Describe:			

Tests (from hospitals or private labs)	Results (Continue on Back If necessary)
Culture	
Serology	
WBC's	
Glucose	
Protein	