Mandatory Clinical History

Check Primary Symptoms/Manifestations
- Rash (specify)
- Fever (specify)
- Neurologic (specify)
- Respiratory
- Polyarthritis
- Gastrointestinal
- Other (specify)

Countries visited within past 3 months before onset of symptoms
- Date of return (yyyy-Mon-dd)
- Date of onset (yyyy-Mon-dd)
- Previous blood sent
- Yes, Approx. Date
- No

Pregnant?  □ No  □ Yes, Gestational Age

Must contact Virologist/Microbiologist-on-Call before collecting/submitting samples for Viral hemorrhagic fevers (e.g., Lassa, Yellow Fever), Herpes B, Nipah/Hendraviruses, Pox viruses (excluding Molluscum Contagiosum), Rabies infection or post exposure.

Mosquito Borne Diseases
- West Nile Virus (WNV)
- Dengue Virus (DENG AB)
- Chikungunya Virus (CHIK V AB)
- Jamestown Canyon/Snowshoe Hare Virus (ARBO)
- Eastern Equine Encephalitis Virus (ARBO)
- Japanese Encephalitis Virus (ARBO)
- Yellow Fever Virus (ARBO)
- Zika Virus (ZIKA V AB)
- Bartonella henselae/ quintana (BART)
- Leptospirosis (LEPTO)
- Hantavirus (HANTA)
- Other (specify)
- Q fever (Coxiella burnetii) (QFEV)
- Rabies immunity (Rabies) (RABIES)

Tick Borne Diseases
- Lyme Disease (LYME AB)
- Anaplasma phagocytophilum (APHAG SERO)
- Powassan Virus (ARBO)
- Rocky Mountain Spotted Fever (Rickettsia rickettsii) (RICKET)
- Scrub typhus (O.tsutsugamushi) (MISC REF)
- Murine typhus (R. typhi) (RICKET)
- Rickettsia sp (MISC REF)
- Other (specify)