ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH, IMPROVING LIVES

Print

IDPH Vectorborne Laboratory Submission Form

Submitter Information

Authorization Number: 18- _____ **Submitter Phone Number:** _____ **Submitter Fax Number:** _____

Submitting Hospital/Clinic/Laboratoy Name: _____

Submitter Mailing Address: (Please include apartment / suite number)

_____

City _____ **State** _____ **Zip Code** _____ ***Submitter Fax required to receive a copy of lab test results**

Physician Name: _____

Patient Information

Patient Name: (First, Middle, Last) _____ **Date of Birth:** _____

Patient Address: (Please include apartment / suite number) **Patient Phone Number** _____

_____

City _____ **State** _____ **Zip Code** _____ **Medical Recipient ID:** _____

Sex: ○ Male ○ Female **Ethnicity:** ○ Hispanic ○ Non-Hispanic

Race: ○ White ○ African American/Black ○ Native American ○ Asian/ Pacific Islander ○ Other/Unknown

Immunocompromised, Health Condition and/or Medications

Test Request Information

Specimen Collection Date: _____ **Symptom Onset Date:** _____

Specimen Source: ☐ Serum ☐ Spinal Fluid ☐ Urine ☐ Amniotic Fluid ☐ Tissue ☐ Other (Specify) _____

Test Requested: ☐ Chikungunya ☐ Dengue ☐ West Nile Virus ☐ St. Louis Encephalitis ☐ California Encephalitis
☐ Zika ☐ Other (Specify) _____

Disease Stage: ○ Acute ○ Convelesent **Hospitalized:** ○ Yes ○ No

Clinical Symptoms: (mark all that apply):

☐ Fever ☐ Headache ☐ Stiff Neck ☐ Change in Consciousness ☐ Lethargy ☐ Coma ☐ Rash
☐ Joint Pain ☐ Conjunctivitis ☐ Other (Specify) _____

For Zika Testing: ○ Uninsured ○ Underinsured (insurance will not cover Zika testing)

Patient Travel and Epi Information

State/City/Country of Exposure: _____ **Travel Dates:** _____ **to** _____

State/City/Country of Exposure: _____ **Travel Dates:** _____ **to** _____

Epi Comments:
(If testing for Zika and exposure was sexual add details here)

Lab Use Only

	Bar Code Area Below	

Please provide all requested information. Failure to complete this form entirely may result in testing delays.