

STATE HEALTH DEPARTMENT NUMBER

DATE RECEIVED

(PLEASE PRINT LEGIBLY)

**NAME AND ADDRESS OF PHYSICIAN/ORGANIZATION**

**I. PATIENT IDENTIFICATION**

FIRST NAME AND MIDDLE INITIAL

LAST NAME

ADDRESS

OCCUPATION

AGE

SEX

CLINICAL DIAGNOSIS

DATE OF ONSET

LABORATORY EXAMINATION REQUESTED

CATEGORY OF AGENT SUSPECTED

SPECIFIC AGENT SUSPECTED

**II. SPECIMEN INFORMATION**

**III. CLINICAL HISTORY**

1. SOURCE OF SPECIMEN

HUMAN

OTHER (Specify): \_\_\_\_\_

2. SEROLOGY SPECIMEN

COLLECTION DATE

ACUTE (S1): \_\_\_\_\_

CONVALESCENT (S2): \_\_\_\_\_

S3: \_\_\_\_\_

S4: \_\_\_\_\_

3. ORIGINAL MATERIAL SUBMITTED

\* TYPE OF SPECIMEN: \_\_\_\_\_

\_\_\_\_\_

DATE OF COLLECTION: \_\_\_\_\_

TRANSPORT MEDIUM: \_\_\_\_\_

\_\_\_\_\_

\* SPECIFY SITE OF COLLECTION

4. REFERRED SPECIMEN

PURE ISOLATE

MIXED CULTURE

OTHER (SPECIFY) \_\_\_\_\_

DATE OF ORIGINAL CULTURE: \_\_\_\_\_

ORIGINAL SOURCE OF ISOLATE: \_\_\_\_\_

COLLECTION SITE OF ORIGINAL SPECIMEN: \_\_\_\_\_

\_\_\_\_\_

DATE OF CULTURE SUBMITTED AND TRANSPORT

MEDIUM USED: \_\_\_\_\_

\_\_\_\_\_

SUSPECTED IDENTIFICATION: \_\_\_\_\_

\_\_\_\_\_

OTHER ORGANISMS FOUND: \_\_\_\_\_

\_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. CLINICAL SIGNS AND SYMPTOMS

FEVER

EXANTHEMA (Specify Type): \_\_\_\_\_

RESPIRATORY SIGNS: \_\_\_\_\_

\_\_\_\_\_

CENTRAL NERVOUS SYSTEM

INVOLVEMENT: \_\_\_\_\_

\_\_\_\_\_

GASTROINTESTINAL INVOLVEMENT:

\_\_\_\_\_

\_\_\_\_\_

2. ADDITIONAL INFORMATION

TRAVEL HISTORY: \_\_\_\_\_

\_\_\_\_\_

IMMUNIZATIONS: \_\_\_\_\_

\_\_\_\_\_

ANTIBIOTIC THERAPY: \_\_\_\_\_

\_\_\_\_\_

3. PREVIOUS LABORATORY RESULTS/

OTHER INFORMATION:

**DEPARTMENT OF HEALTH USE ONLY**

DATE OF REPORT: \_\_\_\_\_