

ARBOVIRAL INFECTION CASE REPORT FORM

PATIENT INFORMATION

Last Name, First Name, County, Address, City, Zipcode, State, Telephone, W, Date of Birth, Age, Occupation, Race, Ethnicity, Sex, Pregnant, Breast Feeding

CLINICAL INFORMATION

Hospitalized?, Hospital Name, Street Address, City, State, Zip, Medical record #, Date of admission, Date of discharge/transfer, Date of first symptoms, Date of first neurologic symptoms, Current Diagnosis, Initial Diagnosis, Fever, Headache, Seizures, Altered immune status, Rash, Other neurologic signs, Other symptoms, Outcome

LABORATORY INFORMATION / TEST RESULTS

CSF (specify units), Date, Abnormal?, Glu, Prot, RBC, WBC, Diff: Segs, Lymphs, Gram stain, Culture, CBC (specify units), MRI Date, Results, CT Date, Results, EEG Date, Results, Microbiology / serology, Results

CURRENT TREATMENT

(antiviral or antibacterial), Type, Date started

RISK FACTOR INFORMATION (during 2 weeks before onset)

Travel outside USA?, Travel outside Virginia?, Travel outside county of residence?, Occupational exposure (lab or farm)?, Animal/bird contact?, Blood or organ donor?, Blood transfusion or organ transplant?, Location, Dates

SPECIMENS BEING SUBMITTED TO LAB FOR TESTING

Has the patient previously tested positive for WNV, SLE, EEE, LAC, What antibody was detected? IgM, IgG, Name of Lab, CSF, Serum, Other, Date collected, Initial, Repeat

PHYSICIAN

Last name, First name, Work address, City, State, Zip Code, Telephone, Pager

SUBMITTER

Name, Address, Phone, Date of Report