HOW TO SUBMIT SPECIMENS TO TEST FOR ZIKA VIRUS INFECTION

The specimen must be sent through the LBJ Laboratory.

The specimen must be accompanied by a Texas Department of Health Services form (pdf attached) and a HarrisHealth downtime form.

The criteria for the testing to be performed are:

- Location and dates of patient’s travel to affected areas
- Date of return to the United States
- The date of onset of symptoms

Please note: TESTING WILL NOT BE PERFORMED IF THIS INFORMATION IS NOT PROVIDED.

SPECIMEN COLLECTION INFORMATION:

- Day 0-13 from onset of symptoms:
  - 2 gold top tubes (2 ml each) of blood
  - 1 sterile cup of urine (at least 1 ml)
  
  These specimens will be sent to the City of Houston for PCR-based testing.
  
  Negative samples will be sent to the TX Department of Health for serology studies.

- Week 2-12 from onset of symptoms:
  - 1 gold top tube (2 ml) of blood
  - 1 sterile cup of urine (at least 1 ml)
  
  These specimens will be sent to the City of Houston for PCR-based testing.
  
  Negative samples will be sent to the TX Department of Health for serology studies.

- ALL POSITIVE SPECIMENS WILL BE SENT TO CDC FOR CONFIRMATION

- PLACENTA OR AUTOPSY TISSUES:
  - PCR-based testing is available for these samples.
  - Please contact Dr. Audrey Wanger or Dr. Violeta Chavez for information if this testing is needed.
    - Dr. Wanger: 713-252-1805; Audrey.Wanger@uth.tmc.edu
    - Dr. Chavez: 713-550-7502; Violeta.Chavez@uth.tmc.edu

TURNAROUND TIME

- PCR results should be available within 48 hours, serology within 4-6 weeks of specimen receipt in the laboratory.
- Please note that all patients tested for Zika will also be tested for Chikungunya and Dengue, as these viruses show similar symptomatology.

NOTE

- Once the specimens and two forms are received in the laboratory, the information will be evaluated by pathologists and the microbiology medical director to be sure that the patient meets the criteria for the send out. If the patient does not meet the current criteria, the pathology resident will notify the clinical team.
# Chikungunya, Dengue, and Zika Testing Supplemental Information

**PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS.** This information is REQUIRED prior to testing. This form should be included with the specimen(s) and DSHS laboratory submission form(s).

## Submitter or Reporting Jurisdiction
- **Person completing form:**
- **Phone number:**
- **City:**
- **County:**
- **Local or Regional Health Department representative contacted PRIOR to submitting specimen:**
- **Name:**
- **Agency:**

## Patient’s Demographic Information **Use MM/DD/YYYY format for all dates**
- **Last name:**
- **First name:**
- **Sex:** M  □  F  □
- **Date of birth:**
- **County of residence:**
- **Is patient pregnant:**  □ Yes  □ No  □ N/A
  - If YES, please provide at least one of the following:
    - **Estimated delivery date:**
    - **OR date of last menstrual period:**
    - **OR gestational age at illness onset:**
    - **OR oldest gestational age in Zika-affected area:**

## Patient’s Illness Information **(Check all that apply; Use MM/DD/YYYY format for all dates)**
- **Patient symptomatic:**  □ Yes  □ No
- **Pregnancy, Fetal, and/or Neonatal Complications:**
  - **Fetal loss Date:**
  - **Intracranial calcifications**
  - **Microcephaly**
  - **Other:**
- **Arthralgia**
- **Guillain-Barré Syndrome**
- **Conjunctivitis**
- **Headache**
- **Fever**
- **Myalgia**
- **Rash**
- **Nausea/vomiting**
- **Other**

## Patient’s (or Mother’s for Neonates) Travel History **Use MM/DD/YYYY format for all dates**
- **Did the patient travel outside of residence county in 2 weeks prior to illness onset (or during pregnancy)?**
  - □ Yes  □ No  □ Unknown
  - If YES, dates of travel:  ______/_____/_______ to  ______/_____/_______
  - **County(s), State(s), or Country(s)* visited:**

## Male Sexual Partner’s Travel History **Use MM/DD/YYYY format for all dates**
- **Did the patient’s male sexual partner travel to an area of ongoing Zika virus transmission***?
  - □ Yes  □ No  □ Unknown  □ N/A
  - If YES, provide ALL of the following:
    - **Dates of travel:**  ______/_____/_______ to  ______/_____/_______
    - **County(s), State(s), or Country(s)* visited:**
  - **Did he have symptoms consistent with Zika infection during travel or within 2 weeks of his return?**
    - □ Yes  □ No  □ Unknown
    - If YES, illness onset date:  ______/_____/_______
    - **Symptoms:**

## Other Epidemiologic Linkages **(Check all that apply)**
- **Household member or other close contact diagnosed with Zika or a Zika-like illness**
- **Association in time and place with a person with laboratory evidence of Zika infection**
- **Receipt of blood, blood products, or organ/tissue transplant within 30 days of symptom onset**
- **Occupational/Laboratory exposure; location:**

## Other Arboviral Laboratory Testing Performed or Pending **(Check all that apply)**
- **None**
- **Commercial lab:**
- **Public health lab:**
- **Zika:**
  - □ PCR  □ IgM
  - □ Pos  □ Neg  □ Equiv
- **Chikungunya:**
  - □ PCR  □ IgM
  - □ Pos  □ Neg  □ Equiv
- **Dengue:**
  - □ PCR  □ IgM
  - □ Pos  □ Neg  □ Equiv
- **Other:**


Rev. 07-11-16