California Department of Public Health – Viral and Rickettsial Disease Laboratory
Specimen Submittal Form

Patient’s last name, first name

Patient’s mailing address (including Zip code)

Route to:
[ ] SERO
[ ] ISOL
[ ] FA
[ ] RAB

Age or DOB:

Sex (circle): M F Onset Date:

Disease suspected or test requested:

<table>
<thead>
<tr>
<th>Specimen type and/or specimen source</th>
<th>Date Collected</th>
<th>1st</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Specimen type and/or specimen source</td>
<td>Date Collected</td>
<td>2nd</td>
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</tbody>
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Submit specimens to:
County of Riverside Department of Public Health
Disease Control Branch
4065 County Circle Dr.
Riverside, Ca. 92503

This section for Virus Laboratory use only.
Date received by VRDL and State Accession Number

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Type or print submitter’s complete mailing address above
Lab 300 Rev. 09/17/2007

Clinical Information (fill in or check as pertinent)

Patient is not ill [ ] Vaccine response

[ ] Case contact to

[ ] Mother of infant with congenital disease

[ ] Other

Is Patient Immunocompromised? [ ] Yes [ ] No

Gastroenteritis [ ] Individual case [ ] Outbreak

Respiratory
[ ] Upper respiratory infection
[ ] Cough
[ ] Croup
[ ] Pharyngitis
[ ] Bronchiolitis / Bronchitis
[ ] Pneumonia
[ ] ARDS (acute respiratory distress syndrome)

[ ] Other

Cardiovascular [ ] Myocarditis / Pericarditis

Urogenital
[ ] Urethritis [ ] Cervicitis
[ ] Vaginal lesion(s) [ ] Penile lesion(s)

Oral
[ ] Mouth lesion(s) [ ] Lip lesion(s)

Congenital Disease (describe below)

Central Nervous System
[ ] Encephalitis [ ] Febrile headache
[ ] Meningitis

Please provide other clinical findings and/or pertinent laboratory data: Note - If disease suspected is Rickettsial or not endemic to California, please include travel history and/or vector exposure information (date bitten and type of vector).

Specially forms for respiratory disease, encephalitis, West Nile Virus, Hantavirus pulmonary syndrome (HPS) Severe Pediatric Respiratory, viral Gastroenteritis and other syndromes are also available. These forms can be faxed to you upon request by calling (510) 307-8575.

Submitting Physician: ________________________________ Phone# (951) 358-5107

Submitting Facility: ________________________________ Fax# (____) __________________