

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: _____ Is patient pregnant? Yes No N/A
First name: _____ If YES, please provide at least one of the following:
Sex: M F Estimated delivery date: ___/___/___
Date of birth: ___/___/___ OR date of last menstrual period: ___/___/___
County of residence: _____ 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
If YES, illness onset date: ___/___/___
 Arthralgia Guillain-Barré Syndrome
 Conjunctivitis Headache
 Fever Myalgia
 Rash Nausea/vomiting
 Other _____
Pregnancy, Fetal, and/or Neonatal Complications:
 Fetal loss Date: ___/___/___
 Intracranial calcifications
 Microcephaly
 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 Chikungunya PCR IgM Dengue PCR IgM Other: _____
 Pos Neg Equiv Pos Neg Equiv Pos Neg Equiv

*See maps/lists of affected areas: www.cdc.gov/zika www.cdc.gov/dengue www.cdc.gov/chikungunya