PENNSYLVANIA DEPARTMENT OF HEALTH Physician Initial Case and Laboratory Submission Report for Viral Encephalitis/Meningitis/Fever - WNV

CSF PCR and culture will only be performed with the approval of Epidemiology. Please call 717-787-3350 for instructions.

1. IDENTIFYING PA	TIENT INFORMATION	Date of Re	Date of Report://				
Date of onset of syr	nptoms(must be complete	d):/	/				
Last name	First Name		MI				
DOB /	1	Sex: Male	Female				
Street Address		Ар	t.				
City:	State Zip	County					
Tel. H ()	-						
2. REPORTED/SUB	MITTED BY: Last nan	ne	First name				
Work address	City	State	Zip				
Telephone ()	- Pager	• () -					
3. CLINICAL INFOR Current diagnosis:	MATION Encephalitis Meningitis	Other (Specify_)				
Hospitalized? Yes Name	No Hospital						
Submitting Laborator							

Hospital Lab Phone #_____ Hospital Lab Fax #_____

Fever (>38C or 100F)	Yes	No	Unknown	Altered Mental Status	Yes	No	Unknown
Muscle Weakness	Yes	No	Unknown	Stiff neck/Meningeal signs	Yes	No	Unknown
Headache	Yes	No	Unknown	Seizures	Yes	No	Unknown
Rash	Yes	No	Unknown	Muscle Pain	Yes	No	Unknown
Joint Pain	Yes	No	Unknown	Other Neurological signs	Yes	No	Unknown

Outc Reco	ome: vered Still with symptoms/o	deficits Died (date of death	//) Unknown
Discl	narge Diagnosis		
Did p wher		e 3 weeks before onset? Yes	No If yes,
Did µ Yes		sion, organs or blood products	s in the last 3 months?
If yes	s, Facility Name	v	Vhen
Did p	patient donate blood in the j	previous 2 weeks? Yes No)
4. SI	PECIMENS BEING SUBMITT	ED TO PA BOL FOR WEST NIL	E TESTING
CSF	should be kept cold; sera 5	-10 ml in red top tube should b	e kept cold; ship with ice
pack	s; use overnight delivery se	ervice	
Specimen	Type: Specify CSF or Serun	n DATE OF COLLECTION	FOR BOL USE ONLY
lo.		*****Reauired*****	BOL Accession No.

Submit specimens directly to: PENNSYLVANIA DEPT. OF HEALTH, BUREAU OF LABORATORIES, 110 PICKERING WAY, LIONVILLE, PA 19353. Call the Laboratory at **610-**280-3464 if you have any questions about testing and shipping of specimens. Report cases of meningitis or encephalitis using PA NEDSS (National Electronic Disease Surveillance System) or call the DIVISION OF COMMUNICABLE DISEASE EPIDEMIOLOGY at 717-787-3350 if you have questions or for assistance.

Revised 3/04