

Viral Special Pathogens Branch Diagnostic Specimen Submission Form

• Hantavirus Pulmonary Syndrome (HPS)* and other hantaviruses	<input type="checkbox"/>	• Tick-borne Encephalitis	<input type="checkbox"/>	PLEASE COMPLETE ONE FORM PER PATIENT
• Ebola HF*	<input checked="" type="checkbox"/>	• Lymphocytic choriomeningitis (LCM)	<input type="checkbox"/>	
• Marburg HF*	<input type="checkbox"/>	• Hemorrhagic Fever with Renal Syndrome (HFRS)	<input type="checkbox"/>	
• Lassa Fever*	<input type="checkbox"/>	• Rift Valley Fever	<input type="checkbox"/>	
• Crimean-Congo hemorrhagic fever (CCHF)*	<input type="checkbox"/>	• Other hemorrhagic fevers: _____	<input type="checkbox"/>	

* indicates a Notifiable Disease

** Please check off boxes to indicate testing request(s).**

PATIENT NAME:	Patient ID no.: NCSLPH #
DOB:	DATE OF SYMPTOM ONSET:
CLINICAL DESCRIPTION:	

No.	Specimen ID No.	State Lab ID No.	Date collected	Specimen type
1		NCSLPH#		
2				
3				
4				
5				

FOR STATE HEALTH DEPARTMENTS	
Report/send results to: Laboratory Director	Phone no., fax no., and email address: Office (919) 807-8990 Fax (919) 733-8695 scott.shone@dhhs.nc.gov
Person's name: Dr. Scott Shone	
Affiliation: North Carolina State Lab of Public Health	
State Health Lab: Dr. Scott Shone	Phone no. and email address: 919-807-8990, scott.shone@dhhs.nc.gov
Person shipping specimen(s): Submitting Lab Contact	Phone no. and email address:
Affiliation:	
Physician's name: Physician's info	Phone no. and email address:
Affiliation:	
State health department contact:	Phone no. and email address:
	Airway bill # (if known):

Instructions: You must have internet access and an email address to submit this Form electronically. Upon hitting the 'Send to CDC' button, a PDF is created, attached to an email, which you should then send to the address which appears in the address header; you may also cc: others. Acknowledgement of receipt by CDC is not provided. To print this form in order to fax or mail it, be sure to Save this form first.

SEND TO CDC

For hantavirus/HPS, be sure to provide a copy of this Form to your state Health Department.