

WEST NILE VIRUS ACTIVE SURVEILLANCE LABORATORY SUBMITTAL FORM



Acute Communicable Disease Control
313 N. Figueroa St., Rm. 212, Los Angeles, CA 90012
213-240-7941 (phone) 213-482-4856 (facsimile)
www.lapublichealth.org/acd

INSTRUCTIONS FOR SENDING SPECIMENS

1. Required specimens

- Acute Serum:** ≥ 2 cc serum
- Cerebral Spinal Fluid (CSF):** 1-2 cc CSF Antibody testing for WNV is not available.

If West Nile virus (WNV) is highly suspected and acute serum is negative or inconclusive:

- 2nd Serum:** ≥ 2 cc serum collected 3-5 days after acute serum

2. Specimen handling

- Refrigerate** serum specimens.
- Store cerebral spinal fluid (CSF) **frozen**.
- Each specimen should be labeled with patient name, date of collection, and specimen type.

3. Requested testing -- Check all that apply:

- Serum - WNV Antibody
- CSF - Enterovirus by PCR
- CSF - Herpes simplex virus (HSV) by PCR
- CSF - Viral Culture

Specimens should be sent on **cold pack** using an overnight courier to the following address:

Los Angeles County Public Health Laboratory, Serology Section
12750 Erickson Ave., Downey, CA 90242
(562) 658-1344

**** IMPORTANT: THE INFORMATION BELOW MUST BE COMPLETED AND SUBMITTED WITH SPECIMENS ****

Patient last name, first name:			Patient Information:		
Age <u>or</u> DOB:			Address _____		
Sex (circle): M F		Onset Date:	City _____ Zip _____ County _____		Phone Number (_____) _____
Clinical findings: <input type="checkbox"/> Encephalitis <input type="checkbox"/> Meningitis <input type="checkbox"/> Acute flaccid paralysis <input type="checkbox"/> Febrile illness <input type="checkbox"/> Other: _____			Other information (immunocompromised, travel history, history of flavivirus infection, etc.):		
Other tests requested:			This section for Laboratory use only. Date received and Accession Number		
1 st	Specimen type and/or specimen source	Date Collected	1 st		
2 nd	Specimen type and/or specimen source	Date Collected	2 nd		
3 rd	Specimen type and/or specimen source	Date Collected	3 rd		

Submitting Physician _____ Phone Number (_____) _____

Submitting Facility _____ Phone Number (_____) _____

**Questions concerning WNV? Call the Acute Communicable Disease Control Program at (213) 240-7941.
Los Angeles County Department of Public Health
Acute Communicable Disease Control Program**