



## Report of Zika Virus-Positive Blood Donor to the California Department of Public Health

1. Blood collection facility:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
  - d. Contact person: \_\_\_\_\_
  
2. Blood unit identification number: W \_\_\_\_\_
  
3. Date of collection: \_\_\_\_\_
  
4. Donor's name: \_\_\_\_\_
  
5. Blood center case identification number: \_\_\_\_\_  
 (This tracking code should be different from the index blood unit identification number or other operational identification numbers. It is to be used to track case investigation.)
  
6. Donor's date of birth: \_\_\_\_\_
  
7. Donor's gender:         Male                   Female
  
8. Donor's address: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_
  
9. Donor's telephone number: \_\_\_\_\_
  
10. Initial NAT s/co: \_\_\_\_\_                                 Repeat 1 NAT s/co: \_\_\_\_\_  
   Repeat 2 NAT s/co: \_\_\_\_\_  
   Repeat 3 NAT s/co: \_\_\_\_\_
  
11. NAT laboratory:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_  
 \_\_\_\_\_ Zip: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
  
12. Additional index testing results (if available):
  - a. Plasma PCR result: \_\_\_\_\_                         b. RBC PCR result: \_\_\_\_\_
  - b. Plasma TMA result: \_\_\_\_\_                         d. RBC TMA result: \_\_\_\_\_
  - e. Serology result(s): \_\_\_\_\_
  - f. PRNT/RVPNT result: \_\_\_\_\_

13. Did donor travel to an area with Zika transmission within the past 2 months? If yes:

a. Location(s): _____	b. Date(s):	From	To
_____		From	To
_____		From	To
_____		From	To
_____		From	To
_____		From	To

14. Did donor have sexual exposure within the past 2 months with someone who recently lived in or traveled to an area with Zika transmission? If yes:

a. Date of last sexual contact: \_\_\_\_\_

b. Location partner lived/traveled: \_\_\_\_\_

c. Date partner returned: \_\_\_\_\_

15. Has the donor been previously diagnosed with:

a. Dengue: \_\_\_\_\_

b. Chikungunya: \_\_\_\_\_

16. Did donor enroll in follow-up study to provide additional samples? \_\_\_\_\_

17. Comments:

**Blood collection facilities:** Please attach laboratory reports and fax to local health department of donor's residence. Send results from subsequent tests as they become available.

**Local health departments:** Please include this form and associated laboratory reports in the patient's CalREDIE electronic filing cabinet or fax to CDPH at (916) 552-9725.