

Appendix I: Report Form for Presumptive Viremic Donors

California Department of Public Health
Viral and Rickettsial Disease Laboratory
850 Marina Bay Parkway, Richmond, CA 94804
(510) 307-8606 Fax (510) 307-8599

Report of West Nile Virus-Positive Blood Donor to the California Department of Public Health

1. Blood Collection Facility:
 - a. Name: _____
 - b. Address: _____ Zip Code _____
 - c. Telephone number: (____) _____ - _____
 - d. Contact person: _____

2. Blood Unit Identification Number: _____

3. Date of Collection: ____/____/____

4. Donor's name: _____

5. Case identification number assigned by the blood center _____
(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 the case investigation)

6. Donor's date of birth: __/__/____

7. Donor's gender: M/F

8. Donor's Address _____
ZIP code: _____ Tel: (____) _____

9. This test was confirmed: Y/N If Y, confirmatory test and result: _____

10. NAT #1 S/CO: _____

11. NAT #2 S/CO: _____ (if done)

12. Blood testing laboratory (optional): Name: _____
Address: _____
Phone: (____) _____ - _____

13. Comments _____

Please include this form in the patient's CalREDIE electronic filing cabinet or fax to (510) 307-8599