



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

1. Blood collection facility:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_ Zip code: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
  - d. Contact person: \_\_\_\_\_
2. Blood donor identification number: \_\_\_\_\_
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 of other operational identification numbers. It is to be used to track case investigation)
6. Donor's date of birth: \_\_\_\_\_ 7. Donor's gender: \_\_\_\_\_ M \_\_\_\_\_ F
8. Donor's address: \_\_\_\_\_ Zip code: \_\_\_\_\_
9. Donor's phone number: \_\_\_\_\_
10. NAT score/cutoff value: \_\_\_\_\_
11. Test confirmed:  Y  N Confirmatory test and result: \_\_\_\_\_
12. Blood testing laboratory (if different than collection facility):
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_ Zip code: \_\_\_\_\_
  - c. Phone number: \_\_\_\_\_
13. Comments:

**Blood collection facilities:** Please attach laboratory reports and information on donor travel history and sexual exposure collected at time of donation. Fax to local health department of donor's residence.

**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.