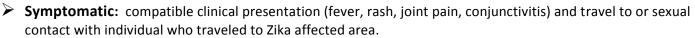


ZIKA VIRUS TESTING CRITERIA & INSTRUCTIONS - MOTHER POST DELIVERY (Updated 9/25/2017)

TESTING CRITERIA: Please follow the latest CDC guidance: <u>https://www.cdc.gov/zika/pdfs/placental-testing-guidance.pdf</u> If additional questions please contact the Public Health lab 707-565-4711.



- **<u>RT-PCR</u>** [all negative PCR will need serology IgM to confirm]
 - SERUM-(or CSF) collect within 2 days of birth AND
 - URINE- collect within 2 days of birth AND
 - PLACENTA- only collect placenta if the mother meets the CDC criteria: 1) Women who are classified as
 probable because PRNT results detected BOTH dengue and Zika 2) Women who tested negative for Zika OR
 were not tested BUT had exposure AND gave birth to an infant with Zika related birth defects 3) women who
 tested negative or were not tested BUT gave birth to an infant that tests positive

Asymptomatic: Had positive ZIka testing during pregnancy OR had possible exposure to Zika and no testing

- RT-PCR [all negative PCR will need serology IgM to confirm]
 - SERUM collect within 2 days of delivery AND
 - URINE- collected within 2 days of delivery AND
 - PLACENTA see Placenta criteria under Symptomatic.

<u>SPECIMEN REQUIREMENTS</u>: **Serum**: 2 ml of serum (5-10 ml of blood) in a red top or serum separator tube; spin and remove serum before submission. Store samples at 4°C. Ship on cold pack within 24-72 hours. <u>Urine</u>: 3-5 ml urine, transfer urine sample to screw –cap tube to avoid leakage, place tube in Ziploc bag, no need to spin. Store samples at 4°C. Ship on cold pack within 24-72 hours. <u>Placenta</u>: 0.5 – 1.0 cm in cold formalin fixed paraffin-embedded (FFPE) sent at – room temperature. <u>https://www.cdc.gov/zika/hc-providers/test-specimens-at-time-of-birth.html</u>

DATE OF SPECIMEN COLLECTION:

ATIENT INFORMATION					blood 🗖	🛛 urine 🗖 placenta 🗖	
Patient's Name (Last, First):		DOB:	AGE:	SEX:	۵F	-	
Mailing Address (include ZIP code):		ETHNICITY:	RACE:			<u> </u>	PRIMARY LANGUAGE:
Maining Address (include zip code).			White	Black			PRIMART LANGUAGE.
		Non-Hispanic	Asian	Other:			Country of Birth:
		PHONE #:	MEDICAL RECORD #:				
SIGNS & SYMPTOMS	Zika lab history or exposure history:						
	Country (city and state if known) and dates :						
🗖 Fever 🗖 Rash							
🖵 Joint Pain							
Conjunctivitis							
🖵 Other							
	Recall Mosquito Bites 🗖 Y 🛛 N						
DATE OF ONSET:							
PREVIOUS DIAGNOSIS OF:			VACCINATE	D AGAINS	T:		
Uwest Nile Dengue	Yellov	v Fever	Japanese	e Encephali	itis (Yellow F	ever

SUBMITTER INFORMATION

PROVIDER NAME:	PROVIDER OFFICE ADDRESS:	PROVIDER PHONE #:	PROVIDER FAX #:				
This form must accompany specimens to Public Health Laboratory at 3313 Chanate Road. Santa Rosa, CA between the hours of							

8 AM and 5 PM, M-F. (3-4 weeks for results). Dengue & Chikungunya tests will be run as appropriate dependent on area of travel.

