

## SPECIAL INFECTIOUS DISEASE SEROLOGY FORM

This form must be completed and submitted to the UCSF Clinical Laboratory with any patient sample to be sent to the laboratories affiliated with the San Francisco and California Depts. of Public Health and/or to be forwarded to the Centers for Disease Control (CDC) for serologic testing.

**Complete, print & FAX this form to the Attention of James Dyes at 353-4824** or email to him at [James.Dyes@clinlab.ucsfmedctr.org](mailto:James.Dyes@clinlab.ucsfmedctr.org) and attach the original to a properly completed laboratory requisition that specifies the test(s) requested. Due to limited storage space samples will be discarded if this form is not received within 30 DAYS of receipt of the patient sample by the UCSF Clinical Laboratories.

Requesting Physician:	Med Rec #
MD #:	Patient Name:
Phone or pager Number:	DOB:                      Loc:                      Sex:

### SAMPLE INFORMATION

Sample No.	Sample Type	Date Obtained
1		
2		
3		

### CLINICAL INFORMATION

Check if present:     Fever \_\_\_\_\_ °C     Upper respiratory     Lower respiratory     Pericarditis  
 Myocarditis         Jaundice                       Congenital                       GI Tract                       GU tract  
 Encephalitis         Meningitis                       Paralysis                       Rash Type \_\_\_\_\_ Loc \_\_\_\_\_

Date of disease onset:	Pat. Occupation/Travel:
Major Clinical Findings:	Disease suspected:

### LABORATORY DATA

CSF:	Cell count:	PMN's:	Lymphs:	Protein:
BLOOD:	WBC:	PMN's:	Lymphs:	

### VACCINATION HISTORY (Date last given):

Polio	Influenza	Measles	Rubella	Vaccinia
Mumps	Other			