HEALTHY CHICAGO
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Zika Virus Testing Authorization Request

1. *Completed form should be sent by fax to: Chicago Department of Public Health Communicable Disease program:* ***fax 312-746-4683.***
2. *Submitting lab should include IDPH Arboviral Lab Submission Form with authorization number once provided by CDPH.*
   CDC provider resource link: http://www.cdc.gov/zika/hc-providers/diagnostic.html

Is patient uninsured or underinsured? ☐ Y ☐ N

Form Completed by Name: _____ **Phone:** _____ **Email:** _____

Patient FName: _____ **LName:** _____ **Phone:** _____

Address: _____ **DOB:** _____ **Age:** _____ **Sex:** ☐ M ☐ F

City: _____ **State:** _____ **Zip:** _____

Provider FName: _____ **LName:** _____ **Facility:** _____

Phone: _____ **Email:** _____

Does the patient have symptoms of Zika virus disease? ☐ Y ☐ N

Date of first symptom onset: _____; **Symptoms (*mark all that apply*):**

☐ Rash If Yes, ☐ Maculopapular ☐ Petechial ☐ Purpuric ☐ Other: _____

☐ Fever; Recorded Temp: _____ ☐ Joint pain ☐ Conjunctivitis ☐ Myalgia ☐ Other: _____

Specimen collected: ☐ Y ☐ N **Specimen Collection Date:** _____ **Specimen Source(s):** _____

Did the patient or patient's pregnant mother travel to an area with known Zika virus transmission: Y ☐ N ☐

Country visited: _____ City: _____ State: _____ Departure Date: _____ Return Date: _____

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Reason for Travel: ☐ Business ☐ Vacation ☐ Visit Family ☐ Mission ☐ Moved ☐ Other: _____

History of living in an area with risk for Zika transmission? ☐ Y ☐ N If Yes, area(s): _____ Approximate Dates:_____

History of frequent travel (e.g., daily or weekly) to an area with risk for Zika transmission? ☐ Y ☐ N If Yes, area(s): _____

History of living in a dengue-endemic area? ☐ Y ☐ N If Yes, countries: _____ Approximate Dates: _____

Prior Diagnosis of Chikungunya? ☐ Y ☐ N Date: _____ Prior Diagnosis of Dengue Fever? ☐ Y ☐ N Date: _____

History of receiving yellow fever or Japanese encephalitis vaccine? ☐ Y ☐ N Date: _____

Did the patient or patient's pregnant mother have unprotected sexual intercourse with an individual who traveled to an area with known Zika virus transmission? ☐ Y ☐ N Most recent date of unprotected sex: _____

Country visited: _____ City: _____ State: _____ Departure Date: _____ Return Date: _____

Did the sexual partner have symptoms consistent with Zika virus: ☐ Y ☐ N Symptoms: _____

Was the sexual partner tested for Zika virus: ☐ Y ☐ N Results: _____

Is the patient pregnant? ☐ Yes ☐ No

If Yes,

a. Approximate gestational age at time of potential exposure: _____(week)
b. If applicable, approximate gestational age at time of symptom onset: _____(week)
c. Approximate date of conception: _____ and gestational age at present: _____(week)
d. Date of last ultrasound:_____ If, not performed, date scheduled:_____
e. Ultrasound findings: ☐ Normal ☐ Brain Calcification ☐ Microcephaly ☐ IUGR ☐ Other: _____

Additional tests ordered (and results if available) for other etiologies: _____

_____

Additional Comments:

_____