



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



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

- **Symptomatic:** compatible clinical presentation (fever, rash, joint pain, conjunctivitis) and travel to or sexual contact with individual who traveled to Zika affected area.
 - **RT-PCR [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.

SPECIMEN REQUIREMENTS: **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. **Urine:** 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. **Placenta:** 0.5 – 1.0 cm in cold formalin fixed paraffin-embedded (FFPE) sent at – room temperature. <https://www.cdc.gov/zika/hc-providers/test-specimens-at-time-of-birth.html>

DATE OF SPECIMEN COLLECTION: _____

PATIENT INFORMATION

blood urine placenta

Patient's Name (Last, First):		DOB:	AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	–
Mailing Address (include ZIP code):		ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other:		PRIMARY LANGUAGE: Country of Birth:
SIGNS & SYMPTOMS <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Fever <input type="checkbox"/> Rash <input type="checkbox"/> Joint Pain <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Other _____		Zika lab history or exposure history: Country (city and state if known) and dates : _____ _____ _____ _____			
DATE OF ONSET: _____		Recall Mosquito Bites <input type="checkbox"/> Y <input type="checkbox"/> N			
PREVIOUS DIAGNOSIS OF: <input type="checkbox"/> West Nile <input type="checkbox"/> Dengue <input type="checkbox"/> Yellow Fever			VACCINATED AGAINST: <input type="checkbox"/> Japanese Encephalitis <input type="checkbox"/> Yellow Fever		
PHONE #:		MEDICAL RECORD #:			

SUBMITTER INFORMATION

PROVIDER NAME:	PROVIDER OFFICE ADDRESS:	PROVIDER PHONE #:	PROVIDER FAX #:
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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.