

# Infectious Diseases Requisition

NYS Accession Number \_\_\_\_\_

Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Shipping address: [www.wadsworth.org/wcinfo.htm](http://www.wadsworth.org/wcinfo.htm)

Telephone: (518) 474-4177

## Patient Demographics

\* denotes required information

Last Name \* \_\_\_\_\_ First Name \* \_\_\_\_\_ MI \_\_\_\_\_ DOB \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex  Male  Female

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

NYS County of Residence \* \_\_\_\_\_ NYS DOH Outbreak Number \_\_\_\_\_ CDESS Case Number \_\_\_\_\_ Submitter's Reference Number \_\_\_\_\_

## Submitter (Laboratory report will be sent to)

\* denotes required information

Name and Address \* \_\_\_\_\_

Name \_\_\_\_\_ Laboratory PFI \_\_\_\_\_

Address \_\_\_\_\_ Contact Person \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

## Specimen Information

\* denotes required information

Specimen is:  Isolate  Primary Specimen  Autopsy Specimen Collection Date \* \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Source / Specimen Type \* \_\_\_\_\_ Time Collected (if applicable for test) \_\_\_\_ : \_\_\_\_  
(HH : MM)

## Laboratory Examination Requested

[www.wadsworth.org/IDtesting](http://www.wadsworth.org/IDtesting)

Bacterial  Fungal  Mycobacterial  Parasitic  Serology  Viral

## Suspected Organism / Agent

Identification / Confirmation  Susceptibility (specify antimicrobial(s)) \_\_\_\_\_

TB Fast Track [www.wadsworth.org/mycobac/fasttrack.htm](http://www.wadsworth.org/mycobac/fasttrack.htm)  Serology (specify test and define onset date) \_\_\_\_\_

Viral Encephalitis Panel  Other (specify) \_\_\_\_\_  
[www.wadsworth.org/divisions/infdis/enceph/form.htm](http://www.wadsworth.org/divisions/infdis/enceph/form.htm)

Submitting lab findings: Smear/Stain/Other results \_\_\_\_\_ Comments \_\_\_\_\_

Specimen submitted on/in: Media \_\_\_\_\_ Preservative \_\_\_\_\_ Tissue cell line \_\_\_\_\_

Relevant Exposure:  Contact known case  Food/water  Nosocomial

Travel \_\_\_\_\_  Animal \_\_\_\_\_  Arthropod \_\_\_\_\_  
Location & Dates Type Type

## Clinical History

Name of patient's healthcare provider \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Hospitalized?  Yes  No  Unknown If hospitalized, hospital name: \_\_\_\_\_

Pregnant (trimester): \_\_\_\_\_ Symptoms:  Acute  Chronic  Other \_\_\_\_\_ Onset of symptoms: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY

Fever: max \_\_\_\_\_ duration \_\_\_\_\_ CSF: Glu \_\_\_\_\_ Prot \_\_\_\_\_ RBC \_\_\_\_\_ WBC \_\_\_\_\_

Relevant Treatment: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Relevant Immunization: \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Symptoms/Clinical Epidemiology (check all that apply):

Central Nervous System:  Altered Mental Status  Coma  Encephalitis  Headache  Meningitis  Paralysis  Seizures

Gastrointestinal:  Diarrhea  Blood/Mucus  Nausea  Vomiting

Respiratory:  Bronchitis  Bronchiolitis  Cough  Pneumonia  Upper Respiratory Infection

Skin/hair/nails:  Hemorrhagic  Maculopapular Rash  Petechial Rash  Vesicular

Cardiovascular:  Endocarditis  Myocarditis  Pericarditis

Miscellaneous:  Arthralgia  Conjunctivitis  Cystitis  Hepatitis  Hepatomegaly  Immunocompromised  Jaundice  
 Keratitis  Lymphadenopathy  Malaise  Myalgia  Pleurodynia  Splenomegaly  Ulcer(s)  Urethritis

Other Symptoms: \_\_\_\_\_

## Viral Encephalitis Testing available from URMV Virology Lab

The New York State Department of Health, Wadsworth Laboratory in Albany offers Viral Encephalitis testing on CSF and serum samples. Testing on CSF is ordered under ENCP (Encephalitis PCR Panel) and serum under ENCAB (Encephalitis Antibody Panel). See below for detailed information about the tests, including **restrictions** and **necessary paperwork**.

Testing on CSF includes real-time PCR assays for:

Adenovirus DNA	
Cytomegalovirus DNA	
Enterovirus RNA	Eastern equine encephalitis virus RNA (RT-PCR)*
Epstein-Barr virus DNA	Saint Louis encephalitis virus RNA (RT-PCR)*
Herpes simplex virus 1 DNA	West Nile virus RNA (RT-PCR)*
Herpes simplex virus 2 DNA	
Human herpes virus 6 DNA	[West Nile IgM antibody by ELISA on CSF is
Varicella-zoster virus DNA	also included.]

\*Tests for mosquito-borne diseases are not performed during the winter months.

Typical turnaround time (TAT) for this panel is 7 – 14 days (average 10) and is performed only for CSF specimens collected from **hospitalized** patients with a current diagnosis of **viral encephalitis**, defined as temperature 100.4°F, *and* altered mental status, *and* abnormal CSF. CSF submitted on patients no longer hospitalized or with a current diagnosis of viral meningitis will be tested only for West Nile Virus antibody by ELISA. Specimen volume required is 1.0 ml to perform these tests.

**If you require a more timely result, please contact the Virology Lab at 275-7801 (8 am - 4:30 pm). Specific tests may be ordered with 1-2 day TAT for: (minimum of 1.0 ml required)**

Enterovirus RNA PCR	(performed at SMH Jun - Nov)
Herpes simplex virus 1 and 2 DNA PCR	(performed at SMH)

**The NY State Lab requires that 2 forms (*Infectious Diseases Requisition and New York State Department of Health Viral Encephalitis/Meningitis Case Report Form*) be completed and submitted in order for Encephalitis testing to be performed.** Please complete both forms and send to the Microbiology/Virology Lab (Tube Station #102 or fax to 273-1048) as soon as possible. Note that onset date is required by NY State.

If forms are not received by the Virology Lab within one week of test request, the test will be cancelled.

### PLEASE NOTE:

If less than 1.0 ml CSF is submitted on patients with encephalitis, the quantity will not be sufficient to perform both West Nile Virus (WNV) ELISA and PCR panel testing. Please indicate on the *Case Report Form* if ELISA or PCR testing is most appropriate for your patient, using these guidelines: ELISA is more sensitive than PCR for WNV testing, and should be considered when there is a stronger suspicion of WNV than other viruses. PCR is less sensitive for WNV, but can detect a broader range of viruses, and should be considered if viruses other than WNV are suspected.

Testing on SERUM samples includes the following antibody tests: WNV IgM antibodies by ELISA, WNV and Powassan polyvalent antibodies by MIA, Arboviral (Eastern Equine Encephalitis, Western Equine Encephalitis, California serogroup, St. Louis Encephalitis) IgG antibodies by IFA.

# NEW YORK STATE DEPARTMENT OF HEALTH Viral Encephalitis/Meningitis Case Report Form

**Suspect encephalitis/meningitis cases are reportable diseases.**

**Please fax a completed copy of this form to your Local County Health Department.**

**This form, including the full Viral Encephalitis/Meningitis History Form MUST be completed and sent with clinical specimen(s).**

## Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date of Birth \_\_\_ / \_\_\_ / \_\_\_

### Please complete this section if CSF is being submitted:

1. Does the patient have **encephalitis** (defined as temperature  $>100.4^{\circ}\text{F}$ , *and* altered mental status, *and* abnormal CSF)?  
 Yes → Go to question 2.  
 No → Stop here. CSF will be tested by ELISA for WNV IgM antibodies. CSF will *not* be tested by PCR for the viral encephalitis panel.
2. Is the patient **hospitalized**?  
 Yes → Go to question 3.  
 No → Stop here. CSF will be tested by ELISA for WNV IgM antibodies. CSF will *not* be tested by PCR for the viral encephalitis panel.
3. Is there at **least 1.0 ml of CSF** available for testing?  
 Yes → CSF will be tested by ELISA for WNV IgM antibodies *and* by PCR for the viral encephalitis panel.  
 No → There is not enough CSF to conduct *both* ELISA and PCR testing. Please indicate your preference for testing (check only **one**):  
 Test by ELISA for WNV antibodies.  
 Test by PCR for the viral encephalitis panel.

### Please complete this section if SERUM is being submitted:

1. Please indicate if this is an acute or convalescent specimen:  
 Acute → Serum will be tested for:
  - WNV IgM antibodies by ELISA.
  - WNV polyvalent antibodies by MIA.
  - Arboviral IgG antibodies by IFA.
- Convalescent → Serum collected at least three weeks after the acute will be tested for:
  - WNV IgM antibodies by ELISA on paired sera.
  - WNV polyvalent antibodies by MIA on paired sera.
  - Arboviral IgG antibodies by IFA on paired sera, if acute was reactive. (If acute specimen was negative, it will not be retested with convalescent. If convalescent is reactive, the test will be repeated on paired sera. Paired sera will be sent for PRNT when at least one specimen is reactive).

WNV: West Nile Virus  
PCR: Polymerase Chain Reaction  
ELISA: Enzyme Immunoassay  
MIA: Microsphere Immunofluorescence Assay  
IFA: Immunofluorescence Assay  
PRNT: Plaque Reduction Neutralization Assay

Revised 7/7/05