

Checklist for Serum and Cerebrospinal Fluid Submitted for Arbovirus Testing

Patient's Name: _____
Last Name First Name

IDPH Accession Number (use only when specimen received by IDPH without clinical information)

Clinical Diagnosis/Major Signs and Symptoms: (Circle all that apply)

Encephalitis Aseptic meningitis Fever Headache Myalgia Stiff neck

Nausea Weakness Change in mental status Rash

Other (specify)

Date of Onset of Symptoms _____/_____/_____
Month Day Year

Date Specimen Collected _____/_____/_____
Month Day Year

Specimen type Serum CSF

Hospitalized Yes No