Attachment J. Laboratory form

ZIPER Study

Dengue Branch - 1324 Calle Cañada, San Juan, PR 00920-3860
For questions, please contact Kate Doyle (404-263-7407)
ziper@cdc.gov

Collection date: ______/______/______
Day Month Year

★ **Please use "ZIKA_ZIPER" flag when entering form into DLSDB**

I. Patient Data

☐ Case ☐ Household contact

Sex: ☐ M ☐ F

Name: ____
Paternal Name Maternal Name First Name

Date of birth: ______/______/______
Day Month Year

ZIP: ☐☐☐☐ - ☐☐

VISIT CODE: ☐☐☐

II. SAN ID: Cases Only

☐☐☐☐☐☐☐☐

III. Address: Contact Only

City: Zip code: _ _ _ _ _

Tel:

IV. Samples provided

	Yes	No
Serum	☐	☐
Saliva	☐	☐
Urine	☐	☐
Semen	☐	☐
Vaginal swab	☐	☐

Affix Labels below