# CDClogo_CDCtag_b&wU.S. Zika Pregnancy Registry and Birth Defects Surveillance — Integrated

# Laboratory Results Form

## These data are considered confidential and will be stored in a secure database at the Centers for Disease Control and Prevention.

**Please return completed form via SAMS or secure FTP—request access from** [**ZIKApregnancy@cdc.gov**](mailto:ZIKApregnancy@cdc.gov)

**The form can also be sent by encrypted email to this address or by secure fax to 404-718-1013 or 404-718-2200**

**Contact Pregnancy & Birth Defects Task Force phone number: 770-488-7100**

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| **LAB.1. Mother’s State/Territory Reporting**: \_\_\_\_\_\_\_\_\_\_\_  **LAB.2. Mother’s State/territory ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LAB.3. Mother’s ArboNET ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | **LAB.4. Infant’s State/Territory Reporting**  (if different from mother): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LAB.5. Infant’s State/Territory ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LAB.6. Infant’s ArboNET ID**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **LAB.7. Specimen Type**  🞎 Maternal serum  🞎 Maternal urine 🞎 Infant serum 🞎 Infant urine  🞎 Maternal whole blood | 🞎 Infant whole blood  🞎 Infant CSF 🞎 Amniotic fluid  🞎 Cord serum  🞎 Fixed cord tissue  🞎 Frozen cord tissue | | 🞎 Fixed placenta  🞎 Frozen placenta 🞎 Brain tissue  🞎 Membrane tissue  🞎 Heart tissue  🞎 Kidney tissue | | | 🞎 Liver tissue  🞎 Lung tissue 🞎 Ocular tissue  🞎 Skeletal tissue  🞎 Spleen tissue  🞎 Bone marrow | 🞎 Nonspecific fetal tissue  🞎 Other maternal specimen\*  🞎 Other infant specimen\*  🞎 Other fetal specimen \* |
| \*If Other specimen type, please specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **LAB.8. Location of testing**  🞎 Commercial Lab 🞎 State PHL 🞎 CDC  🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | **LAB.9. Specimen collection date:**  \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | |
| **LAB.10. Zika IgM performed?**  🞎 No 🞎 Yes 🞎 Pending | | | | **LAB.11. Zika IgM result**:  🞎 Positive 🞎 Negative 🞎 Equivocal 🞎 Inconclusive | | | |
| **LAB.12. Dengue IgM performed?**  🞎 No 🞎 Yes | | | | **LAB.13. Dengue IgM result:**  🞎 Positive 🞎 Negative 🞎 Equivocal 🞎 Inconclusive | | | |
| **LAB.14. Zika RT-PCR performed?**  🞎 No 🞎 Yes | | | | **LAB.15. Zika RT-PCR result:**  🞎 Positive 🞎 Negative 🞎 Equivocal 🞎 Indeterminate | | | |
| **LAB.16. Dengue RT-PCR performed?**  🞎 No 🞎 Yes | | | | **LAB.17. Dengue RT-PCR result:**  🞎 Positive 🞎 Negative 🞎 Equivocal 🞎 Indeterminate | | | |
| **LAB.18. PRNT performed?**  🞎 No 🞎 Yes | | | | **LAB.19. Zika PRNT result:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **LAB.20. Dengue PRNT result:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Pathology Results** | | | | | | | |
| **LAB.21. Zika immunohistochemistry (IHC) staining performed?** 🞎 No 🞎 Yes | | | | **LAB.22. Zika Immunohistochemistry (IHC) staining result:**  🞎 Positive 🞎 Negative | | | |
| **LAB.23. Histopathology evaluation performed?**  🞎 No 🞎 Yes | | | | **LAB.24. Histopathology evaluation results:** | | | |
| **LAB.25. Other test performed?** (including autopsy)  🞎 No 🞎 Yes | | | | **LAB.26. Other test results:** | | | |
| **Findings (verbatim)** | | | | | | | |
| **Internal use only** | | | | | | | |
| ***Record ID*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  ***Date entered****\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_*  ***Data Entry POC Name:***  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | ***Data Entry Notes*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |