# 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**

**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**

|  |
| --- |
|  |
| **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*:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |