



## U.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**

<b>LAB.1. Mother's State/Territory Reporting:</b> _____ <b>LAB.2. Mother's State/territory ID:</b> _____ <b>LAB.3. Mother's ArboNET ID:</b> _____		<b>LAB.4. Infant's State/Territory Reporting</b> (if different from mother): _____ <b>LAB.5. Infant's State/Territory ID:</b> _____ <b>LAB.6. Infant's ArboNET ID:</b> _____																									
<b>LAB.7. Specimen Type</b> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Infant whole blood</td> <td><input type="checkbox"/> Fixed placenta</td> <td><input type="checkbox"/> Liver tissue</td> <td><input type="checkbox"/> Nonspecific fetal tissue</td> </tr> <tr> <td><input type="checkbox"/> Maternal serum</td> <td><input type="checkbox"/> Infant CSF</td> <td><input type="checkbox"/> Frozen placenta</td> <td><input type="checkbox"/> Lung tissue</td> </tr> <tr> <td><input type="checkbox"/> Maternal urine</td> <td><input type="checkbox"/> Amniotic fluid</td> <td><input type="checkbox"/> Brain tissue</td> <td><input type="checkbox"/> Ocular tissue</td> </tr> <tr> <td><input type="checkbox"/> Infant serum</td> <td><input type="checkbox"/> Cord serum</td> <td><input type="checkbox"/> Membrane tissue</td> <td><input type="checkbox"/> Skeletal tissue</td> </tr> <tr> <td><input type="checkbox"/> Infant urine</td> <td><input type="checkbox"/> Fixed cord tissue</td> <td><input type="checkbox"/> Heart tissue</td> <td><input type="checkbox"/> Spleen tissue</td> </tr> <tr> <td><input type="checkbox"/> Maternal whole blood</td> <td><input type="checkbox"/> Frozen cord tissue</td> <td><input type="checkbox"/> Kidney tissue</td> <td><input type="checkbox"/> Bone marrow</td> </tr> </table> <input type="checkbox"/> Other maternal specimen* <input type="checkbox"/> Other infant specimen* <input type="checkbox"/> Other fetal specimen*				<input type="checkbox"/> Infant whole blood	<input type="checkbox"/> Fixed placenta	<input type="checkbox"/> Liver tissue	<input type="checkbox"/> Nonspecific fetal tissue	<input type="checkbox"/> Maternal serum	<input type="checkbox"/> Infant CSF	<input type="checkbox"/> Frozen placenta	<input type="checkbox"/> Lung tissue	<input type="checkbox"/> Maternal urine	<input type="checkbox"/> Amniotic fluid	<input type="checkbox"/> Brain tissue	<input type="checkbox"/> Ocular tissue	<input type="checkbox"/> Infant serum	<input type="checkbox"/> Cord serum	<input type="checkbox"/> Membrane tissue	<input type="checkbox"/> Skeletal tissue	<input type="checkbox"/> Infant urine	<input type="checkbox"/> Fixed cord tissue	<input type="checkbox"/> Heart tissue	<input type="checkbox"/> Spleen tissue	<input type="checkbox"/> Maternal whole blood	<input type="checkbox"/> Frozen cord tissue	<input type="checkbox"/> Kidney tissue	<input type="checkbox"/> Bone marrow
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*If Other specimen type, please specify _____																											
<b>LAB.8. Location of testing</b> <input type="checkbox"/> Commercial Lab <input type="checkbox"/> State PHL <input type="checkbox"/> CDC <input type="checkbox"/> Other: _____		<b>LAB.9. Specimen collection date:</b> ____/____/____																									
<b>LAB.10. Zika IgM performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Pending		<b>LAB.11. Zika IgM result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Inconclusive																									
<b>LAB.12. Dengue IgM performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.13. Dengue IgM result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Inconclusive																									
<b>LAB.14. Zika RT-PCR performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.15. Zika RT-PCR result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Indeterminate																									
<b>LAB.16. Dengue RT-PCR performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.17. Dengue RT-PCR result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Equivocal <input type="checkbox"/> Indeterminate																									
<b>LAB.18. PRNT performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.19. Zika PRNT result:</b> _____ <b>LAB.20. Dengue PRNT result:</b> _____																									
<b>Pathology Results</b>																											
<b>LAB.21. Zika immunohistochemistry (IHC) staining performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.22. Zika Immunohistochemistry (IHC) staining result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative																									
<b>LAB.23. Histopathology evaluation performed?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.24. Histopathology evaluation results:</b>																									
<b>LAB.25. Other test performed? (including autopsy)</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<b>LAB.26. Other test results:</b>																									
<b>Findings (verbatim)</b>																											
<b>Internal use only</b>																											
<b>Record ID</b> _____ <b>Date entered</b> ____/____/____ <b>Data Entry POC Name:</b> _____		<b>Data Entry Notes:</b> _____ _____ _____																									