



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

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