## 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://
★ Please use "ZIKA_ZIPER" flag when entering form into DLSDB	
I. Patient Data	
Case Household contact	Sex: M F
Name: Paternal Name Maternal Name	
ZIP: VISIT CODE: VISIT CODE:	
II. SAN ID: Cases Only	IV. Samples provided
	Yes No
	Serum
III. Address: Contact Only	Saliva 🗌 🗎
	Urine $\square$
	Semen
City:   Zip code:	Vaginal swab 🔲 🔲

Affix Labels below