

Demographics

Donor ID: _____ Gender: _____ Age in Years: _____

Zika NAT Results

Positive Negative Indeterminate

Clinical information

Date of symptom onset ___/___/___ OR He/She was Asymptomatic

Fever Yes No Unknown

Rash Yes No Unknown

Arthralgia Yes No Unknown

Conjunctivitis Yes No Unknown

Other symptoms: _____

Exposure information prior to symptom onset (or specimen collection if asymptomatic)

1. Did he/she travel to or live in a Zika endemic area in the 14 days before onset of symptoms?

Yes No Unknown

If yes: Country(s) or US State/territory: _____

Travel start date: ___/___/___

Travel end date: ___/___/___

2. Did he/she have sexual relations with any person who returned from travel to a country or US state or territory with known local Zika transmission in the previous 6 months (if partner was male) or 2 months (if partner was female) or who had confirmed Zika virus infection?

Yes No Unknown