

**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