

COPA Laboratory Form

Centers for Disease Control and Prevention

Dengue Branch - 1324 Calle Cañada, San Juan, PR 00920-3860

For questions, please contact Chelsea Major (405) 488-8217

Form Approved
OMB Control No. 0920-XXXX
Exp. Date: XX/XX/XXXX

Patient Data and Specimen Information

Participant Name: _____ DOB: ____/____/____
Paternal Last Name Maternal Last Name First Name Middle Name Month Day Year

Participant ID: _____ P _____

**PARTICIPANT
BARCODE**

Collection Date: ____/____/____
Month Day Year

Specimen Label	Specimen Label	Specimen Label
Serum	Serum	Dried Blood Spot

Notes:

****Project flag:**** *Fever in last 7 days*

No: COPA

Yes: COPA_SYM

	Yes	No
Serum	<input type="checkbox"/>	<input type="checkbox"/>

Serum	<input type="checkbox"/>	<input type="checkbox"/>
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Dried Blood Spot	<input type="checkbox"/>	<input type="checkbox"/>
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Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX