|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CDC logo with tag thumbnail**NEW WORLD SCREWWORM (NWS) CASE REPORT**  Department of Health and Human Services, Centers for Disease Control and Prevention  1600 Clifton Road NE, Atlanta, GA, 30329  Complete the form electronically using Adobe Acrobat. Contact [newworldscrewworm@cdc.gov](mailto:newworldscrewworm@cdc.gov) for submission instructions. | | | | | | | | | | | | | | | | |
| *Required fields indicated by an asterisk (\*)* | | | | | | | | | | | | | | | | |
| \*Case ID (Local Record ID): \_\_\_\_\_\_\_\_\_\_\_ \*Person ID (Local Subject ID): \_\_\_\_\_\_\_\_\_\_ \*National reporting jurisdiction: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| \*Case Classification:  Confirmed  Probable  Suspect  Not a Case | | | | | | | | | | | | | | | | |
| Date first submitted to CDC (*mm/dd/yyyy*):\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Earliest date of report to a public health agency (*mm/dd/yyyy*): \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Earliest specimen collection date associated with a positive laboratory result (*mm/dd/yyyy*): \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Earliest result date of a positive laboratory result (*mm/dd/yyyy*): \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **CASE DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | | | | | |
| Age: \_\_\_\_\_\_\_ | | Age units:  yrs.  mos.  wks.  days | | | | | | Date of Birth (*mm/dd/yyyy*): \_\_\_\_/ \_\_\_\_/ \_\_\_\_\_\_\_ | | | | | | | | |
| Sex:  Male  Female  Unknown | | | | | | | | | | | | | | | | |
| Race (*select all that apply*): | | | | | | | | | | | | Ethnicity: | | | | |
| American Indian/Alaska Native | | | Native Hawaiian/Other Pacific Islander | | | | | | Asian | | | Hispanic or Latino | | | | |
| Black or African American | | | White | | | | | | Unknown | | | Not Hispanic or Latino | | | | |
| Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | Refused to answer | | | Unknown | | | | |
| Country of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | U.S. county of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| U.S. state of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Zip code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **CASE HISTORY** | | | | | | | | | | | | | | | | |
| Is the person currently employed?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| If yes, what kind of work does the person do? (list all reported):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| If yes, what kind of business or industry does the person work in? (list all reported):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Does the person have any of the following type(s) of disabilities: | | | | | | | | | | | | | | | | |
|  |  | | | | Yes | No | Unknown |  | | | | | Yes | No | Unknown |  |
|  | Vision (blindness, serious difficulty seeing even when wearing glasses) | | | |  |  |  | Difficulty performing personal care activity | | | | |  |  |  |  |
|  | Hearing (serious difficulty hearing or deafness) | | | |  |  |  | Impaired cognition (serious difficulty such as concentrating, remembering, or making decisions due to a physical, mental, or emotional condition) | | | | |  |  |  |  |
|  | Communication (difficulty understanding others or being understood in your usual language) | | | |  |  |  | Impaired mobility (serious difficulty walking or climbing stairs) | | | | |  |  |  |  |
|  | Functionally dependent (e.g., difficultly doing errands alone) | | | |  |  |  | Intellectual disability (intellectual developmental disorder) | | | | |  |  |  |  |
| At the time of the diagnosis, was the person immunocompromised? Yes  No  Unknown | | | | | | | | | | | | | | | | |
| If yes, specify the condition(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Did the person have recent history (e.g., in the two weeks prior to symptom onset) of unhealed wounds, open sores, or were they recovering from surgery?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| **CLINICAL INFORMATION** | | | | | | | | | | | | | | | | |
| Did the person have any signs or symptoms consistent with an infestation?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| If yes, earliest date of onset of signs or symptoms (*mm/dd/yyyy*): /\_\_\_\_\_/ \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Did the person have any of the following signs or symptoms? | | | | | | | | | | | | | | | | |
|  |  | | | | Yes | No | Unknown |  | | | | | Yes | No | Unknown |  |
|  | Skin lesion, wound, or sore that worsened over time | | | |  |  |  | Sensation of movement | | | | |  |  |  |  |
|  | Pain | | | |  |  |  | Visible larvae or maggots | | | | |  |  |  |  |
|  | Swelling | | | |  |  |  | Nosebleed | | | | |  |  |  |  |
|  | Discharge or bleeding | | | |  |  |  | Other | | | | |  |  |  |  |
|  | Foul odor | | | |  |  |  | If other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |  |
| **NEW WORLD SCREWWORM (NWS) CASE REPORT** | | | | | | | | | | | | | | | | |
| **CLINICAL INFORMATION, continued** | | | | | | | | | | | | | | | | |
| Was the person's infestation in (*select all that apply*):  Wound  Body orifice (mucous membrane)  Surgical site | | | | | | | | | | | | | | | | |
| Where on the person’s body was the infestation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| What was the earliest date that the infestation was identified by a clinician as the final, suspected or most likely diagnosis?  (*mm/dd/yyyy):*  \_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Was the infestation treated by removal of larvae from the infestation?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| If yes, date treatment started (*mm/dd/yyyy*): \_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| List any other treatment(s) for this infestation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Were there any larvae that fell out of or were removed from the person’s infestation that were not collected by a healthcare provider?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| Was the person admitted to the hospital for this illness?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| *If the person was admitted to the hospital for this illness more than once, enter information for the first hospitalization.* | | | | | | | | | | | | | | | | |
| If yes, date of hospital admission (*mm/dd/yyyy*): \_\_\_\_\_/\_\_\_\_\_/ \_\_\_\_\_ | | | | | | | | | | Days hospitalized for this illness: \_\_\_\_ | | | | | | |
| If yes, date of hospital discharge (*mm/dd/yyyy*): \_\_\_\_\_/\_\_\_\_\_/ \_\_\_\_\_\_ | | | | | | | | | |  | | | | | | |
| Is the person deceased?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| If yes, date of death (*mm/dd/yyyy)*: \_\_\_\_\_/\_\_\_\_\_/ \_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| If yes, is the person’s death associated with NWS infestation?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| **EPIDEMIOLOGIC INFORMATION** | | | | | | | | | | | | | | | | |
| In the 10 days **before** symptom onset, where did the person reside (spend at least one night)? (*select all that apply*): | | | | | | | | | | | | | | | | |
| *Note: Congregate living settings are facilities (not private residences) where people who are not related reside in close proximity and share at least one common room, such as a sleeping room, kitchen, bathroom, or living room.* | | | | | | | | | | | | | | | | |
| Private residence in a long-term arrangement (i.e., more than two weeks) | | | | Hotel/motel or vacation rental in a long-term arrangement (i.e., more than two weeks) | | | | | | | Private residence in a short-term arrangement (i.e., two weeks or less) | | | | | |
| Hotel/motel or vacation rental in a short term-arrangement (i.e., two weeks or less) | | | | Shelter or safe haven (congregate setting) | | | | | | | Temporary, non-congregate housing provided by charity or government program (e.g., transitional housing, hotel/motel) | | | | | |
| Structure or vehicle not meant for human habitation | | | | Vehicle meant for human habitation (e.g., RV) | | | | | | | Outside or open air (e.g., tent, bus shelter), part of an established encampment | | | | | |
| Outside or open air (e.g., tent, bus shelter), not part of an established encampment | | | | Agricultural (e.g., livestock, farm) worker housing | | | | | | | Military congregate housing (e.g., barracks) | | | | | |
| Other congregate housing for workers | | | | School/university congregate housing (e.g., dormitories | | | | | | | Federal adult correctional facility | | | | | |
| State adult correctional facility | | | | Local adult jail/detention facility | | | | | | | Juvenile correctional/detention facility | | | | | |
| Other correctional/detention facility (e.g., border detention facility | | | | Mental/Behavioral/Substance use treatment facility | | | | | | | Long term care facility (e.g., skilled nursing facility, nursing home, assisted living) | | | | | |
| Other inpatient medical facility | | | | Group home or residential facility not provided by employer or school (e.g., recovery house) | | | | | | | Unknown | | | | | |
| Other, specify living situation(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Declined to respond | | | | | |
| **Travel** | | | | | | | | | | | | | | | | |
| During the 10 days **before** symptom onset: | | | | | | | | | | | | | | | | |
| Did the person spend time outside the United States?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| Did the person spend time within the United States, but outside their county of residence?  Yes  No  Unknown | | | | | | | | | | | | | | | | |
| *Travel section continues on next page* | | | | | | | | | | | | | | | | |
| **FORM CONTINUES ON NEXT PAGE** | | | | | | | | | | | | | | | | |

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| **NEW WORLD SCREWWORM (NWS) CASE REPORT FORM** | | | | | | | | | | | | | | |
| **EPIDEMIOLOGIC INFORMATION, continued** | | | | | | | | | | | | | | |
| **Travel, continued** | | | | | | | | | | | | | | |
| If the person reported travel, enter each travel destination: | | | | | | | | | | | | | | |
| *Instructions for entering travel information:*   * *If the person traveled to the same destination on more than one consecutive day, (e.g., traveled to the same county every day), enter this as one destination; enter the earliest date of arrival as the Date of Arrival and the most recent date of departure as the Date of Departure.* | | | | | | | | | | | | | | |
|  | International country of recent travel | | U.S. state of recent travel | | | | | U.S. county of recent travel | | Date of Arrival (*mm/dd/yyyy*) | | Date of Departure (*mm/dd/yyyy*) | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | |  |
| **Exposure**  During the 10 days **before** symptom onset, was the person exposed to any of the following: | | | | | | | | | | | | | | |
| Include the following information in the **Details** field for each exposure:   * **Animals** or **locations with animals:** type of animal(s) and if the animal(s) showed evidence of an infestation (e.g. head shaking, irritated behavior, smell of decay, presence of fly larvae/maggots in wounds) * **A person with an infestation:** details on contact type (e.g., travel companion, coworker, household member) and case identifier number, if available. | | | | | | | | | | | | | | |
| *Instructions for entering exposure information:*   * *If the exposure started prior to the 10 days before symptom onset, enter the known or estimated start date if available. If not available, enter the date 10 days before the date of symptom onset as the Exposure Start Date.* * *If the same exposure occurred on more than one consecutive day, (e.g., exposure to the same domestic animal every day), enter this as one exposure; enter the earliest exposure date as the Exposure Start Date and the most recent exposure date as the Exposure End Date.* | | | | | | | | | | | | | | |
|  | | **Exposure** | | **Yes** | **No** | **Unknown** | **Exposure Start Date *(mm/dd/yyyy)*** | | **Exposure End Date *(mm/dd/yyyy)*** | | **Details** | |  | |
|  | | **Animals** | |  |  |  |  | |  | |  | |  | |
|  | | Livestock (e.g., cattle, goats, sheep, pigs, horses, or poultry) | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | Domestic animals not considered livestock (e.g., dogs, cats, companion animals, pets) | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | Wildlife (e.g., deer) | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | **Locations with Animals** | |  |  |  |  | |  | |  | |  | |
|  | | Farm or ranch with animals  (e.g. visiting, working, or living) | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | Fair or event with animals  (e.g., visiting or working) | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | Zoo, including petting zoo (e.g., visiting or working) | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | Animal shelter | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | Hunting location | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | **A person with an infestation** | |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_/\_\_\_/\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |
|  | | *Additional exposures entered on next page* | | | | | | | | | | |  | |

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| **NEW WORLD SCREWWORM (NWS) CASE REPORT** | |
| **Exposures, continued** | |
| *Enter any additional exposures of note* | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Other exposures** | **Yes** | **No** | **Unknown** | **Exposure Start Date *(mm/dd/yyyy)*** | **Exposure End Date *(mm/dd/yyyy)*** | **Details** |  | |  | Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  | Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | |  | Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_\_/\_\_\_/\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  | | |
| **LABORATORY TESTING** | |
| Enter laboratory testing conducted for NWS identification. Include confirmatory laboratory testing for NWS (i.e., laboratory testing conducted by CDC DPDx, USDA NVSL, or other laboratory with training to identify NWS larvae). | |
| **Test 1** | |
| Date of specimen collection (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Date of result (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Specimen type (*select all that apply*):  Whole Organism  Image or Video  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Select the laboratory that conducted the testing:  CDC DPDx  USDA NVSL  Public health laboratory  Clinical laboratory  Commercial reference laboratory (e.g., ARUP, Quest)  Other laboratory, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Test Type:  Ova/parasite examination (parasite morphological identification)  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Test Result:  *Cochliomyia hominivorax*  Fly larva  Arthropod  Unable to identify  No parasite found  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What stage(s) of larvae were identified? (*select all that apply*):  1st instar  2nd instar  3rd instar  Unknown  Not reported | |
| **Test 2** | |
| Date of specimen collection (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Date of result (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Specimen type (*select all that apply*):  Whole Organism  Image or Video  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Select the laboratory that conducted the testing:  CDC DPDx  USDA NVSL  Public health laboratory  Clinical laboratory  Commercial reference laboratory (e.g., ARUP, Quest)  Other laboratory, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Test Type:  Ova parasite examination (parasite morphological identification)  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Test Result:  *Cochliomyia hominivorax*  Fly larva  Arthropod  Unable to identify  No parasite found  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What stage(s) of larvae were identified? (*select all that apply*):  1st instar  2nd instar  3rd instar  Unknown  Not reported | |
| **Test 3** | |
| Date of specimen collection (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ | Date of result (*mm/dd/yyyy*): \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_ |
| Specimen type (*select all that apply*):  Whole Organism  Image or Video  Other, specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Select the laboratory that conducted the testing:  CDC DPDx  USDA NVSL  Public health laboratory  Clinical laboratory  Commercial reference laboratory (e.g., ARUP, Quest)  Other laboratory, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Test Type:  Ova/parasite examination (parasite morphological identification)  Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Test Result:  *Cochliomyia hominivorax*  Fly larva  Arthropod  Unable to identify  No parasite found  Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| What stage(s) of larvae were identified? (*select all that apply*):  1st instar  2nd instar  3rd instar  Unknown  Not reported | |
| Comments: | |
| Contact [newworldscrewworm@cdc.gov](mailto:newworldscrewworm@cdc.gov) for instructions for submission to CDC. | |