PREGNANT FEMALES

Check all that apply (Either or both may be true)

☐ Traveled to an area with Zika virus transmission\(^1\) during pregnancy

☐ Unprotected sexual contact with a partner with travel to an area with Zika virus transmission\(^1\).

Check 1

☐ Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset ≤ 14 days ago

☐ Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset > 14 days ago

☐ Asymptomatic

Collect serum\(^2\) and urine

Collect serum\(^2\) and urine

Collect serum\(^2\) and urine (Note: If collected within 2 weeks of returning to the U.S. repeat testing is recommended.)

Any abnormal neurologic findings noted on ultrasound? □ Yes □ No □ Don’t know or No ultrasound done

MALES OR NON-PREGNANT FEMALES

All criteria below must be met in order for testing to be authorized

☐ Traveled to an area with Zika virus transmission\(^1\)

☐ Symptomatic (fever, rash, conjunctivitis, or arthralgia) with onset during travel or within 2 weeks of returning to the U.S.

☐ Symptom onset was in the last 12 weeks.

Check 1

☐ Symptom onset ≤ 14 days ago

☐ Symptom onset > 14 days ago

Collect serum\(^2\) and urine

Collect serum\(^2\) and urine

INFANTS < 2 WEEKS

All criteria below must be met in order for testing to be authorized

☐ Infant in the first 2 weeks of life

☐ Symptomatic (fever, rash, conjunctivitis, or arthralgia)

☐ Mother traveled to an area with Zika virus transmission\(^1\) within 2 weeks of delivery

Collect serum\(^2\) and submit cerebrospinal fluid if obtained for other studies

POSSIBLE CONGENITAL INFECTION

Check all that apply (Either or both may be true)

☐ Infant with abnormal clinical or neuroimaging findings suggestive of Zika congenital syndrome, and whose mother traveled to an area with Zika virus transmission\(^1\) during the pregnancy, or had unprotected sexual contact during pregnancy with a partner with travel to an area with Zika virus transmission

☐ Infant born to a mother with a positive, pending, or inconclusive test result for Zika virus infection.

Collect serum\(^2\) and urine within 2 days of birth, submit cerebrospinal fluid if obtained for other studies.

Consider testing placenta and mother’s serum (if mother not already tested)

Who is currently NOT authorized for Zika testing?

- Pregnant women with no known exposure to Zika virus, either through their own travel or the travel of their sexual partners
- Asymptomatic males, regardless of their partner’s pregnancy status
- Asymptomatic females who are not pregnant
### Epidemiological Information

<table>
<thead>
<tr>
<th>Countries Visited: (If Infant, Mother’s Travel)</th>
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Date of Return to US: ______/_____/_____

### Specimen Information

| Expected date of specimen collection: ______/_____/_____
| Specimen(s) submitted (use page 1 for guidance, check all that apply) |
| □ Serum □ Urine
| □ CSF □ Placenta □ Umbilical cord

### Public Health Information

| Date of PH Authorization: ______/_____/_____
| Authorizer: ________________________________

## Patient Symptom Onset Date(s):

| Fever | n/a | ______/_____/_____
| Rash  | n/a | ______/_____/_____
| Arthralgia | n/a | ______/_____/_____
| Conjunctivitis | n/a | ______/_____/_____

## Health Departments Only:

□ Requested Lab Order via PTBMIS

### Provider Information

Provider Name: __________________________________________

Provider Phone Number: __________________________

### Patient Information

Patient Name: __________________________

Date of Birth: ______/_____/_____

Sex: □ Male □ Female

Pregnancy Status □ Yes □ No □ UNK

Due Date: ______/_____/_____

Any abnormal neurologic findings noted on ultrasound? □ Yes □ No □ Don’t know/Not performed

If infant patient:

Mother’s Name: ___________________

Mother’s Zika Test Result: □ Positive □ Inconclusive □ Negative □ UNK

Mother’s Test Date: ______/_____/_____

### Address Information

Address: ____________________________

City: _______________ State: _____ ZIP: _____

County: ________________________________

Patient Phone Number: ____________________

### Patient Symptom Onset Date(s):

- Fever: n/a ______/_____/_____
- Rash: n/a ______/_____/_____
- Arthralgia: n/a ______/_____/_____
- Conjunctivitis: n/a ______/_____/_____

### Public Health Information

Date of PH Authorization: ______/_____/_____

Authorizer: ________________________________

Public Health Region: _____________________________

Provided Mosquito □ & Sex □ Transmission Education

### Health Departments Only:

□ Requested Lab Order via PTBMIS

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2. Collect 2.0 mL of serum or plasma. Tube should be centrifuged and serum/plasma decanted prior to shipment to avoid hemolysis. Ship serum/plasma specimen in a sterile plastic tube with a tightly-sealing screw cap (if unavailable a red-top vacutainer can be used). The specimen should be kept cold. The sample may be placed in an insulated container with blue ice packs. Additional blue ice packs should be used in the summer to ensure specimen integrity in hot weather. If symptomatic within last 14 days, also collect 10.0 mL of urine.


4. Update: Interim Guidance for Preconception Counseling and Prevention of Sexual Transmission of Zika Virus for Persons with Possible Zika Virus Exposure — United States, September 2016: [http://www.cdc.gov/mmwr/volumes/65/wr/mm6539e1.htm?s_cid=mm6539e1_w](http://www.cdc.gov/mmwr/volumes/65/wr/mm6539e1.htm?s_cid=mm6539e1_w)