



Naval Infectious Diseases Diagnostic Laboratory
503 Robert Grant Avenue, Silver Spring, MD 20910



ZIKA Test Request Form (Version 2016.03.02)

Please visit the NIDDL website to ensure you are using the most current version of this form:
<http://www.med.navy.mil/sites/nmrc/NMRC/Pages/NIDDL.aspx>

Note: At this time, there is no CDC indication to test asymptomatic men or asymptomatic non-pregnant women who have traveled to Zika affected areas.

Yes No Did you follow the "Interim Zika Virus Testing Criteria" found in the Zika Test Information and Instructions document?

Consult the Zika Test Information and Instructions for sample collection & storage information. Note: only RT-PCR is available at this time.

Please check the test requested:

Chikungunya/Dengue/Zika RT-PCR (SST or EDTA). For Zika testing: submission of a urine sample is recommended in addition to blood. The test can also be run on semen or saliva. Please indicate sample type.

Type of Specimen(s) (Ensure patient ID is on label)

- Patient whole blood specimen (No. of tubes _____) (Please do not freeze)
 Patient serum (No. of tubes _____) Patient urine (No. samples _____)
 Patient semen (No. of samples _____) Patient saliva (No. of samples _____)

Patient Identification	Contact Information
Patient Stamp <u>must include</u> Full Name*, FMP*/SSN*, DOB* Ship Date: _____ Sample Storage (circle) Frozen / Refrigerated Sample Shipping (circle) Dry Ice / Cold pack / Ambient Specimen Draw Date/Time* _____ * Required	Physician Name* _____ Clinic/Center* _____ Address* _____ _____ _____ Telephone Number _____ Fax Number _____ E-mail _____

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Processing Lab (For internal Use only)		
NIDDL No.	Date Received	Quantity/Type Received/Initials