

September 18, 2014

Enterovirus D68 (EV-D68) Patient Summary Form

Instructions for Michigan clinical laboratories, providers, and local health departments requesting enterovirus testing

Please use the attached CDC Enterovirus D68 (EV-D68) Patient Summary Form to collect demographic, epidemiologic, and clinical information on patients you wish to have tested for enterovirus D68.

All specimens must be approved by a subject matter expert (SME) at the Michigan Department of Community Health (MDCH) Communicable Disease Division **1-517-335-8165** prior to submission of the specimen(s) to the MDCH Bureau of Laboratories (BOL). Currently EV-D68 testing is being performed by the CDC. **The completed CDC EV-D68 Patient Summary Form with intact cover sheet (with patient identifiers below) should be faxed to the MDCH Communicable Disease Division at 1-517-335-8263.**

After approval for testing by a MDCH SME, specimens may be submitted to the MDCH BOL with a completed MDCH BOL and CDC lab requisition forms; they will then be shipped to CDC. Links to the requisition forms are given below.

(This cover sheet with patient identifiers will be removed by MDCH BOL before sending the EV-D68 Patient Summary Form to the CDC.)

Patient Information:

First name _____ Last name _____

Date of birth ____/____/____ Age _____ Sex Female Male

Street address _____ City _____ County _____

Hospital ID number _____ State ID number _____
(MDCH use)

For MDCH BOL requisition form:

http://www.michigan.gov/documents/DCH-0583TEST_REQUEST_7587_7.pdf

For CDC lab requisition form:

http://www.michigan.gov/documents/mdch/HUMAN_form-50-34_410210_7.pdf

<http://www.cdc.gov/non-polio-enterovirus/about/EV-D68.html>

PROVIDERS: DO NOT TEAR OFF THIS COVER SHEET – KEEP ATTACHED TO THE CDC PATIENT SUMMARY FORM when you fax to MDCH Communicable Disease Division at 517-335-8263

Enterovirus D68 (EV-D68) Patient Summary Form

To be completed for all patients for whom specimens are being submitted to CDC for EV-D68 typing. Please fax the completed Patient Summary Form (with cover sheet) to the Michigan Department of Community Health, Communicable Disease Division, for approval of specimens: 517-335-8263. Once approved, send completed MDCH and CDC (50.34 form) lab requisition forms with clinical specimen(s) to the MDCH Bureau of Labs.

Today's date: _____ Name of person filling in form: _____

Phone: _____ Email: _____

Hospital / Health Care Facility Name: _____ STATE: _____ COUNTY: _____

Hospital ID: _____ State ID: _____

Specimen ID (as submitted on 50.34 form for specimen shipment): _____

If multiple specimens are submitted per patient, please include additional specimen IDs in table below

Patient Sex: M F Age: _____ Months Years Patient's State of Residence _____

Race: Asian Black or African American Native Hawaiian or Other Pacific Islander American Indian or Alaska Native
 White (More than one box can be checked) Ethnicity: Hispanic Non-Hispanic

Date of symptom onset: _____

Symptoms (mark all that apply): Fever / Highest recorded temperature _____ (°F / °C) Chills Cough Wheezing Sore throat
 Runny nose Shortness of breath / difficulty breathing Tachypnea Retractions Cyanosis Vomiting Diarrhea Rash
 Lethargy Seizure Other (describe): _____

Does the patient have any comorbid conditions? (mark all that apply): None Unknown Asthma Reactive airway disease
 Bronchopulmonary dysplasia Cardiac disease Immunocompromised Prematurity, if yes gestational age _____
 Other (describe): _____

Abnormal Chest radiograph Yes No Unknown Abnormal Chest CT Yes No Unknown

	Yes	No	Unknown
Is/Was the patient: Hypoxic (sat <93%) on room air?			
Treated with supplemental oxygen?			
Treated with bronchodilators?			
Treated with antibiotics?			
Hospitalized? If Yes, admission date: _____			
If Yes, was the patient admitted to the Intensive Care Unit (ICU)?			
If Yes was the patient placed on non-invasive ventilation (BiPAP/CPAP)			
If Yes, was the patient intubated?			
If Yes, was the patient placed on ECMO?			
Did the patient die? If Yes, date of death: _____			

General Pathogen Laboratory Testing (mark all that apply)									
Pathogen	Pos	Neg	Pending	Not Done	Pathogen	Pos	Neg	Pending	Not Done
Influenza A PCR					Rhinovirus and/or Enterovirus				
Influenza B PCR					Coronavirus (not MERS-CoV)				
Influenza Rapid Test					<i>Chlamydomphila pneumoniae</i>				
RSV					<i>Mycoplasma pneumoniae</i>				
Human metapneumovirus					<i>Legionella pneumophila</i>				
Parainfluenza virus					<i>Streptococcus pneumoniae</i>				
Adenovirus					Blood culture <input type="checkbox"/> Yes <input type="checkbox"/> No If positive, which bacteria _____				
Other: _____					CSF culture <input type="checkbox"/> Yes <input type="checkbox"/> No If positive, which bacteria _____				
Other: _____					Sputum culture <input type="checkbox"/> Yes <input type="checkbox"/> No If positive, which bacteria _____				

Enterovirus Typing - Specimen Type	Date Collected	Specimen ID	Enterovirus Typing - Specimen Type	Date Collected	Specimen ID
NP OP NP/OP (circle one)			Bronchoalveolar lavage (BAL)		
Nasal wash / aspirate			Tracheal aspirate		
Sputum			Stool/Rectal swab		
Other: _____			Other: _____		

To be completed by CDC: Patient ID: _____ CSID: _____ CSID: _____

CSID: _____ CSID: _____ CSID: _____