

**Viral and Rickettsial Disease Laboratory  
California Encephalitis Project  
Specimen Submittal Form**

**\*\* THIS FORM MUST BE COMPLETED AND SENT WITH SPECIMENS \*\***

**VERY IMPORTANT: PLEASE SPECIFY SPECIMEN TYPE & DATE OF COLLECTION**

Patient's Last Name, First Name			Patient's mailing address (including Zip code)			Route to: <input type="checkbox"/> SERO <input type="checkbox"/> ISOL <input type="checkbox"/> FA <input type="checkbox"/> RAB <input type="checkbox"/> EM
Age <u>or</u> DOB:	Sex (circle): M    F	Onset Date:	<b>This section for Virus Laboratory use only. Date received by VRDL and State Accession Number</b>			
Disease suspected <u>or</u> test requested: <b>Encephalitis</b>						
1 <sup>st</sup>	Specimen type and/or specimen source	Collection Date	1 <sup>st</sup>			
2 <sup>nd</sup>	Specimen type and/or specimen source	Collection Date	2 <sup>nd</sup>			
3 <sup>rd</sup>	Specimen type and/or specimen source	Collection Date	3 <sup>rd</sup>			
4 <sup>th</sup>	Specimen type and/or specimen source	Collection Date	4 <sup>th</sup>			
5 <sup>th</sup>	Specimen type and/or specimen source	Collection Date	5 <sup>th</sup>			
Facility Name and Address:			David Schnurr, Ph.D., Acting Chief Viral and Rickettsial Disease Laboratory Division of Communicable Disease Control California Department of Health Services 850 Marina Bay Parkway Richmond, CA 94804			<input type="checkbox"/> E IgM <input type="checkbox"/> E PCR <input type="checkbox"/> H PCR <input type="checkbox"/> M PCR <input type="checkbox"/> _____

**Specimens should be placed on at least a cold pack and swabs should be in viral transport media. If CSF is frozen, please send on dry ice.  
(All specimens may be sent on dry ice)**

*Submitting Physician:* \_\_\_\_\_ *Phone#* (\_\_\_\_\_) \_\_\_\_\_

*Submitting Facility:* \_\_\_\_\_ *Fax#* (\_\_\_\_\_) \_\_\_\_\_