West Nile virus testing is recommended on individuals with the following:

A. Encephalitis

1.

- B. Aseptic meningitis (Note: Consider enterovirus for individuals ≤ 18 years of age)
- C. Acute flaccid paralysis; atypical Guillain-Barré Syndrome; transverse myelitis; or

Cerebrospinal Fluid (CSF): 1-2cc CSF <u>if lumbar puncture is performed</u>
 If West Nile virus is highly suspected and acute serum is negative or inconclusive:

Refrigerated specimens should be sent on cold pack using an overnight courier

2nd Serum: ≥ 2 cc serum collected 3-5 days after acute serum

- D. Febrile illness compatible with West Nile fever* and lasting ≥ 7 days (must be seen by health care provider):
 - * The West Nile fever syndrome can be variable and often includes headache and fever (T>38C). Other symptoms include rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.

INSTRUCTIONS FOR SENDING SPECIMENS

□ Acute Serum: ≥ 2cc serum

Required specimens:

		If CSF is frozen, send on dry ice (all specimens may be sent on dry ice)				
 Each specimen should be labeled 					be labeled wit	th date of collection, specimen type, and patient name
Please do not send specimens on Fr					cimens on Fri	days
□ Send specimens to: Yolo Count						/ Public Health Lab
			•		-	onwood St., Suite 1300
Woodland, 0						CA 95695
** IN	MPORT	ANT: 1	HE INFORM	ATIC	ON BELOW M	NUST BE COMPLETED AND SUBMITTED WITH SPECIMENS **
Patient's last name, first name:						Patient Information
						Address
						- City Zip County
Age <u>or</u>			Sex (circle):	Ons	set	Phone Number ()
DOB:	:		M F	Date:		
Clinical findings:						Other information (immunocompromised, travel hx, hx of flavivirus infection, etc.):
o Encephalitis o Meningitis o Acute flaccid paralysis o Febrile illness o Other:						
			Other:			
Other tests requested:						This section for Laboratory use only. Date received and Accession Number
	Specimen type and/or specimen source Date Collected				Date Collected	Date received and receiption realinger
1^{st}						1 st
	Specimen type and/or specimen source Date Collected				Date Collected	
2^{nd}						2^{nd}
	Specimen type and/or specimen source Date Collected			rce	Date Collected	
3^{rd}						3 rd
			(Ques	stions? Call (530) 666-8644 (lab direct line)
Cubmitting Dhysisian						Phone Number ()
Submitting Physician						
Submitting Facility						Phone Number ()
						WNV specimen submittal from facility to PHL_Rev 07/07