

# Hantavirus Disease Case Report Form

Please return to: Centers for Disease Control and Prevention, Viral Special Pathogens Branch  
Ph: (404) 639-1510 Fax: (404) 639-3163 Email: [dvd1spath@cdc.gov](mailto:dvd1spath@cdc.gov)  
Site: <http://www.cdc.gov/hantavirus/health-care-workers/specimen-submission/index.html>

## Patient Identification

-FIPS- \_\_\_\_\_ -YR- \_\_\_\_\_

Information below is required for identification and meaningful interpretation of laboratory diagnostic results. Hantavirus disease may not be confirmed without compatible clinical and/or exposure data.

### PATIENT INFORMATION

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ MI: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

City/town: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Choose one (if known):

Hantavirus (Cardio) Pulmonary Syndrome  
Non-pulmonary Hantavirus Disease

### PATIENT'S BACKGROUND AND EXPOSURE INFORMATION

Occupation: \_\_\_\_\_ Race (Check all that apply):  
American Indian/Alaska Native:  
Asian Black or African American  
Ethnicity: \_\_\_\_\_ White Native Hawaiian/other Pacific Islander

History of rodent exposure 8 weeks prior to illness onset? Yes No

If yes, type of rodent exposure: \_\_\_\_\_

Place of contact (town, county, state): \_\_\_\_\_

Exposure occurred while (Check all that apply):

Cleaning Working Recreational activity (camping, hiking) Other (explain below)

Additional information about exposure:

### TIMELINE

Date symptom onset: \_\_\_\_\_

Was patient hospitalized? Yes No

Date of admission: \_\_\_\_\_

Date of discharge: \_\_\_\_\_

### CLINICAL INFORMATION

Fever > 101F (38.3C)? Yes No

Thrombocytopenia? (<150,000) Yes No

Elevated hematocrit? Yes No

Elevated creatinine? Yes No

### HOSPITAL COURSE

Supplemental oxygen required? Yes No

Was patient on ECMO? Yes No

Was patient intubated? Yes No

CXR with unexplained bilateral interstitial infiltrates or suggestive of ARDS? Yes No

Notes on clinical course of illness:

### OUTCOME

Outcome of illness: \_\_\_\_\_

Date of death: \_\_\_\_\_

Autopsy performed? Yes No

Autopsy findings:

### PRE-HOSPITAL TREATMENT

Did patient seek care before admission?

Yes No

Date: \_\_\_\_\_

Outcome (sent home, diagnosed as flu, etc):

### SPECIMEN INFORMATION

Collection date: \_\_\_\_\_

Type of specimen: \_\_\_\_\_

If specimen tested, at which laboratory?

\_\_\_\_\_

Results (i.e., titer, IgM, IgG): \_\_\_\_\_

### FOR STATE HEALTH DEPARTMENTS

State Health Department reporting case: \_\_\_\_\_ State/local ID no.: \_\_\_\_\_ Date form completed: \_\_\_\_\_

Person completing Report: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name of patient's physician: \_\_\_\_\_ Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

**Instructions:** You must have Internet access and an email address to submit this Form electronically. Upon hitting the 'Submit by Email' button, a PDF is created, attached to an email, which you should then send to the address which appears in the address header; you may also cc: others. Acknowledgment of receipt by CDC is not provided.

**\*\* NO SPECIMENS ACCEPTED WITHOUT PRIOR CONSULTATION \*\***  
 Call (404) 639-1510 or (404) 639-1115 for authorization to ship specimens.

## Instructions for submitting Diagnostic Specimens to CDC's Viral Special Pathogens Branch

### 1 Label all samples with the following information: Patient's name or ID number, specimen ID number, date of collection

#### 2 For PCR/virus isolation, submit:

- Preferred: whole blood (purple, yellow, or blue top tube), fresh frozen tissue. Serum can also be used if only sample available.
- Minimum sample volume: 4 mL
- Fresh frozen tissues should be at least 1 cm<sup>3</sup>, except for biopsies.
- Please ship sample frozen on dry ice in a plastic tube. Do not freeze glass tubes.

#### For serologic testing, submit:

- Serum (red top tube or serum separator)  
-- or --
- Whole blood (purple, green, or blue top tube)
- Minimum sample volume: 4 mL
- Please ship sample refrigerated or frozen on ice packs.

#### Immunohistochemistry, submit:

- Formalin-fixed or paraffin-embedded tissues may be submitted:  
Preferred: lung, kidney, liver, spleen  
Other tissues can be submitted if available.
- Paraffin blocks are preferred, particularly if death was not recent.
- Ship paraffin blocks or formalin-fixed tissue at room temperature. Do not freeze.
- An autopsy or surgical report must accompany the specimen.

### 3 The following forms should be completed for each patient:

- CDC Specimen Submission Form
- VSPB Diagnostic Specimen Submission Form, on following page.
- For Hantavirus Pulmonary Syndrome testing, also submit the HPS Case Report Form
- Include a copy of all above Forms with the specimens.

### 4 Specimen packaging requirements:

- Please contact your state health department for approval to submit a specimen to CDC for laboratory testing.
- Package in accordance with the International Air Transport Association, regulations to prevent leakage. (See <https://www.iata.org/publications/dgr/Pages/manuals.aspx> and [http://www.hercenter.org/regsandstandards/Transporting\\_Infectious\\_Substances\\_Safely.pdf](http://www.hercenter.org/regsandstandards/Transporting_Infectious_Substances_Safely.pdf))
- Label package as **Diagnostic Specimen** and include the following information on the Diagnostic Specimen Submission Form: your name, the patient's name, patient's date of birth, test(s) requested, date of collection, laboratory or accession number, and the type of specimen being shipped.
- On the outside of the box, specify how the specimen should be stored: **Frozen, Refrigerated, or Do Not Refrigerate.**
- Send specimens by overnight courier. International submitters should consider door-to-door shipment via air transport to expedite specimen delivery to CDC.
- Be sure to check '**Saturday Delivery**' if desired.
- Email the tracking number to the Viral Special Pathogens Branch at: [spath\\_er@cdc.gov](mailto:spath_er@cdc.gov)

### 5 HOW TO SUBMIT THE SPECIMENS AND FORMS TO CDC

#### Specimen submission address (if approved by state):

**Centers for Disease Control and Prevention**  
 ATTN STAT LAB: VSPB, Unit #70  
 1600 Clifton Road NE  
 Atlanta, GA 30333  
 Phone: (404) 639-1115

#### Form submission by email:

Hit the 'Send to CDC' button at the bottom right of page 2. Your computer will generate an email containing the completed information. Hit the 'Send' button in your email application to send the email to CDC. Acknowledgement of receipt is not provided.

#### Form submission by fax:

(404) 639-3163

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# Viral Special Pathogens Branch Diagnostic Specimen Submission Form

• Hantavirus Pulmonary Syndrome (HPS)* and other hantaviruses	• Tick-borne Encephalitis	<b>PLEASE COMPLETE ONE FORM PER PATIENT</b>
• Ebola HF*	• Lymphocytic choriomeningitis (LCM)	
• Marburg HF*	• Hemorrhagic Fever with Renal Syndrome (HFRS)	
• Lassa Fever*	• Rift Valley Fever	
• Crimean-Congo hemorrhagic fever (CCHF)*	• Other hemorrhagic fevers: _____	

\* indicates a Notifiable Disease

\*\* Please check off boxes to indicate testing request(s).\*\*

PATIENT NAME:	Patient ID no.:
DOB:	DATE OF SYMPTOM ONSET:
CLINICAL DESCRIPTION:	

No.	Specimen ID No.	State Lab ID No.	Date collected	Specimen type
1				
2				
3				
4				
5				

FOR STATE HEALTH DEPARTMENTS	
Report/send results to:	Phone no., fax no., and email address:
Person's name:	
Affiliation:	
State Health Lab:	Phone no. and email address:
Person shipping specimen(s):	Phone no. and email address:
Affiliation:	
Physician's name:	Phone no. and email address:
Affiliation:	
State health department contact:	Phone no. and email address:
	Airway bill # (if known):

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**SEND TO CDC**

For hantavirus/HPS, be sure to provide a copy of this Form to your state Health Department.