Wyoming Department of Health
Public Health Laboratory
517 Hathaway Building
Cheyenne, WY 82002
307-777-7431

STATE LAB USE ONLY	CSF	Serum
Lab ID #		
Received		
Reported		
Results		
Tech		

REQUISITION FOR WEST NILE VIRUS SEROLOGY

INSTRUCTIONS

- CSF should be collected **PRIOR to 8 days** after onset of illness.
- Collect serum using Red Top Tubes or Serum Separator Tubes.
- Acute serums should be drawn at **least 8 days AFTER** onset of symptoms.
- Convalescent serum should be drawn 14 - 21 days after the acute sample.
- Send at least 2 ml of serum and 1 ml of CSF for proper testing to proceed.
- Maintain Specimen at **2-4 °C** and ship on COLD PAK to the WPHL with the completed form.

(Please print clearly with black ballpoint pen.)

Patient Name (Last) (First) (MI)	**DOB** / /	**Age**	**Sex** ❑ **Male** ❑ **Female**
Patient's Street Address	**City, State, Zip Code**		**Home Phone Number** ( )
Attending Physician Name	**Telephone Number** ( )		**Fax Number** ( )
Submitting Laboratory Name (Results will be sent to Submitting Laboratory)			
Submitting Laboratory Address			**Phone Number** ( ) **Fax Number** ( )

COMPLETE ENTIRE SECTION BELOW TO ENSURE CORRECT TESTING INFORMATION

Date of onset of illness: / /

Hospitalized? Γ **Yes** Γ **No**

Hospital Name:_____

Date of Admission: / /

Type of Specimens and Dates Collected

SAMPLE	DATE COLLECTED
Γ Acute Serum	_____
Γ Convalescent Serum	_____
Γ CSF	_____

Patient Symptoms

- Γ **Fever > 38.0 °C**
- Γ **Pregnant**
- Γ **Headache**
- Γ **Breast Feeding**
- Γ **Altered Mental Status or other CNS signs**
- Γ **CSF pleocytosis**

Select illness most concurrent with symptoms

- Γ **WEST NILE FEVER**
- Γ **WNV MENINGITIS**
- Γ **WNV ENCEPHALITIS**
- Γ **WNV ACUTE FLACCID PARALYSIS**

CSF RESULTS:

Total WBC _____ Differential: _____ %POLYS _____ %LYMPHS PROTEIN _____mg% GLUCOSE _____ mg%

Failure to follow the above instructions and/or provide the information requested may cause delays in processing and/or indeterminate/inconclusive test results.