New York State Department of Health

Diagnostic Immunology History

Diagnostic Immunology Laboratory
Wadsworth Center
New York State Department of Health
Empire State Plaza
PO Box 509, Albany, New York 12201-0509
Phone 518.486.3845 Fax 518.486-7971

NYS Lab Number

Date received

Patient

Last Name	First Name	MI	Sex	DOB
			☐ Male ☐ Female ☐ Other	_____/_____/_____ MM DD YYYY

Street Address	City/State	Zip Code	County of Residence

Specimen

Source	Date Collected	Submitter ID Number	NYS DOH Outbreak Number
	_____/_____/_____ MM DD YYYY		

Onset Date _____/_____/_____ (MM DD YYYY) ☐ Onset date not applicable ☐ Onset date not available

Submitter

Submitter Name and Address **Laboratory PFI**_____

Contact person_____

Telephone_____ **FAX**_____

Clinical History

Symptoms

- ☐ Abnormal CSF
- ☐ Arthralgia
- ☐ Arthritis
- ☐ Bronchitis
- ☐ Chills
- ☐ Convulsions
- ☐ Cough
- ☐ Diarrhea
- ☐ Disorientation
- ☐ Other, specify
- ☐ Encephalitis
- ☐ Erythema migrans
- ☐ Fever
- ☐ Headache
- ☐ Immunocompromised
- ☐ Immunosuppressed
- ☐ Lymphadenopathy
- ☐ Malaise
- ☐ Myalgia
- ☐ Nausea/Vomiting
- ☐ Pericarditis/Myocarditis
- ☐ Pneumonia
- ☐ Radioculoneuropathy
- ☐ Rash
- ☐ Rigors
- ☐ Skin Lesions
- ☐ Stiff Neck
- ☐ Thrombocytopenia
- ☐ Upper Respiratory

Antibiotic or Antiviral Treatment: Y N U specify _____

Travel History (during 6 months before onset) _____

Animal or Arthropod Contact: Y N U specify_____

Abnormal Laboratory Results:_____

Test(s) Requested:_____