



Reportable Laboratory Findings

Diseases Relating to Public Health - Form OL-15C
For information or to order forms call (860) 509-7994.

Connecticut Department of Public Health
410 Capitol Avenue, MS #11FDS
P.O. Box 340308
Hartford, CT 06134-0308

FAX 860-920-3131

(rev. 01/01/2022)

Patient Last Name: \_\_\_\_\_ First: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_
Patient Phone: \_\_\_\_\_ Gender:  Male  Female  Intersex Hispanic/Latino:  Yes  No  Unk.  Refused
Race:  White  Black/African Amer.  Asian  Amer. Indian/Alaska Nat.  Nat. Hawaiian/Other Pacific Islander
 Other specify: \_\_\_\_\_  Unknown  Refused If patient resides in a LTC facility please check:  Yes
Occupation: \_\_\_\_\_ Name and address of workplace: \_\_\_\_\_
Attending Physician Last Name: \_\_\_\_\_ First: \_\_\_\_\_
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Person Reporting: \_\_\_\_\_ Specimen collection date: \_\_\_\_\_
Lab Phone: \_\_\_\_\_ Date laboratory finding reported to physician: \_\_\_\_\_
Submitting Laboratory: (name/address or label) Date OL-15C completed: \_\_\_\_\_
Hospital Chart No: \_\_\_\_\_ Lab Specimen No: \_\_\_\_\_
Source/Type specimen: \_\_\_\_\_
Submitted to state lab: (see reverse)  Yes  No

- Anaplasma phagocytophilum by PCR only
 Babesia  IFA IgM (titer) \_\_\_\_\_ IgG (titer) \_\_\_\_\_
 Blood smear  PCR  Other \_\_\_\_\_
 microti  divergens  duncani  Unspecified
 Bordetella pertussis (titer) \_\_\_\_\_
 Culture  Non-pertussis Bordetella (specify) \_\_\_\_\_
 DFA  PCR
 Borrelia burgdorferi 2
 Borrelia miyamotoi
 California group virus 3 spp \_\_\_\_\_
 Campylobacter 3 spp \_\_\_\_\_  Culture  PCR  EIA
 Candida auris [report samples from all sites] 1
 Candida spp, [blood isolates only]: \_\_\_\_\_ 1,3
 Carbapenem-resistant Acinetobacter baumannii (CRAB) 1,4
 Carbapenem-resistant Enterobacteriaceae (CRE) 1,3,4
Genus \_\_\_\_\_ spp \_\_\_\_\_
 Carboxyhemoglobin ≥ 5% 2 \_\_\_\_\_ % COHB
 Chikungunya virus
 Chlamydia trachomatis (test type) \_\_\_\_\_
 Clostridium difficile 5
 Corynebacterium diphtheria 1
 Cryptosporidium spp 3 \_\_\_\_\_  PCR  DFA  EIA
 Microscopy  Other: \_\_\_\_\_
 Cyclospora spp 3 \_\_\_\_\_
 PCR  Microscopy  Other: \_\_\_\_\_
 Dengue virus
 Eastern equine encephalitis virus
 Ehrlichia chaffeensis  PCR  IgG ≥1:128 only  Culture
 Enterotoxigenic Escherichia coli (ETEC)  Culture  PCR
 Escherichia coli O157 1  Culture  PCR
 Giardia spp 3 \_\_\_\_\_
 Group A Streptococcus, invasive 1,4  Culture  Other \_\_\_\_\_
 Group B Streptococcus, invasive 1,4  Culture  Other \_\_\_\_\_
 Haemophilus ducreyi
 Haemophilus influenzae, invasive 1,4  Culture  Other \_\_\_\_\_
 Hepatitis A virus (HAV):  IgM anti-HAV 6  NAAT Positive 6
ALT \_\_\_\_\_ Total Bilirubin \_\_\_\_\_  Not Done
 Hepatitis B HBsAg  Positive  Negative 7
 IgM anti-HBc  HBeAg 2  HBV DNA 2
anti-HBs 7  Positive (titer) \_\_\_\_\_  Negative
 Hepatitis C virus (HCV) 8  Antibody \_\_\_\_\_
 PCR/NAAT/RNA \_\_\_\_\_  Genotype: \_\_\_\_\_
 Herpes simplex virus (infants ≤ 60 days of age)
 Culture  PCR  IFA  Ag detection
 HIV Related Testing (report only to the State) 9
 Detectable Screen (IA)
Antibody Confirmation (WB/IFA/Type-diff) 9
HIV 1  Positive  Negative/Ind HIV 2  Positive  Negative/Ind
 HIV NAAT (or qualitative RNA)  Detectable  Not Detectable
 HIV Viral Load (all results) 9 \_\_\_\_\_ copies/mL
 HIV genotype 9
 CD4 count: \_\_\_\_\_ cells/uL; \_\_\_\_\_ % 9
 HPV (report only to the State) 10
Biopsy proven  CIN2  CIN3  AIS
or their equivalent, (specify) \_\_\_\_\_
 Influenza virus (report only to the State)  Rapid antigen 2  RT-PCR
 Type A  Type B  Type Unknown
 Subtype: \_\_\_\_\_
 Lead poisoning (blood lead ≥10 µg/dL <48 hrs; 0-9 µg/dL monthly) 11
 Finger stick lead level \_\_\_\_\_ µg/dL
 Venous lead level \_\_\_\_\_ µg/dL
 Legionella spp 1 \_\_\_\_\_
 Culture  DFA  Ag positive  PCR
 Four-fold serologic change (titers) \_\_\_\_\_
 Listeria monocytogenes 1  Culture  PCR
 Mercury poisoning
 Urine ≥ 35 µg/g creatinine \_\_\_\_\_ µg/g
 Blood ≥ 15 µg/L \_\_\_\_\_ µg/L
 Mumps virus 12 (titer) \_\_\_\_\_  PCR
 Mycobacterium leprae
 Mycobacterium tuberculosis Related Testing 1
AFB Smear  Positive  Negative
If positive  Rare  Few  Numerous
NAAT  Positive  Negative  Indeterminate
Culture  Mycobacterium tuberculosis
 Non-TB mycobacterium (specify M.) \_\_\_\_\_
 Neisseria gonorrhoeae (test type) \_\_\_\_\_
 Neisseria meningitidis, invasive 1,4 (Call DPH with these results)
 Culture  Other \_\_\_\_\_
 Neonatal bacterial sepsis 3,13 spp \_\_\_\_\_
 Plasmodium 1,3 spp \_\_\_\_\_
 Poliovirus
 Powassan virus
 Rabies virus
 Rickettsia rickettsii  PCR  IgG ≥1:128 only  Culture
 Respiratory syncytial virus 2
 Rubella virus 12 (titer) \_\_\_\_\_
 Rubeola virus (Measles) 12 (titer) \_\_\_\_\_  PCR
 St. Louis encephalitis virus
 Salmonella 1,3 (serogroup & type) \_\_\_\_\_  Culture  PCR
 SARS-CoV 1  IgM/IgG
 PCR \_\_\_\_\_ (specimen)  Other \_\_\_\_\_
 SARS-CoV-2 15  PCR/NAAT test  Antigen test
 Positive  Negative
 Shiga toxin 1  Stx1  Stx2  Type Unknown
 PCR  EIA
 Shigella 1,3 (serogroup/spp) \_\_\_\_\_  Culture  PCR
 Staphylococcus aureus, invasive 4  Culture  Other \_\_\_\_\_
 methicillin-resistant  methicillin-sensitive
 Staphylococcus aureus, vancomycin MIC ≥ 4 µg/mL 1
MIC to vancomycin \_\_\_\_\_ µg/mL
 Staphylococcus epidermidis, vancomycin MIC ≥ 32 µg/mL 1
MIC to vancomycin \_\_\_\_\_ µg/mL
 Streptococcus pneumoniae
 Culture 1,4  Urine antigen  Other 4 \_\_\_\_\_
 Treponema pallidum
 RPR (titer) \_\_\_\_\_  FTA  EIA
 VDRL (titer) \_\_\_\_\_  TPPA
 Trichinella
 Varicella-zoster virus, acute
 Culture  PCR  DFA  Other \_\_\_\_\_
 Vibrio 1,3 spp \_\_\_\_\_  Culture  PCR
 West Nile virus
 Yellow fever virus
 Yersinia, not pestis 1,3 spp \_\_\_\_\_  Culture  PCR
 Zika virus
BIOTERRORISM at first clinical suspicion 14
 Bacillus anthracis 1  Brucella spp 1
 Burkholderia mallei 1  Burkholderia pseudomallei 1
 Clostridium botulinum  Coxiella burnetii
 Francisella tularensis  Ricin 1
 Staphylococcus aureus-enterotoxin B
 Variola virus 1
 Venezuelan equine encephalitis virus  Yersinia pestis 1
 Viral agents of hemorrhagic fevers 1

- 1. Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing and include antibiogram with report. For GBS, send isolate for cases <1 year of age. For Salmonella, Shigella, Vibrio, and Yersinia, (not pestis) tested by non-culture methods, send isolate if available; send stool specimen if no isolate available. For Shiga toxin-related disease, send positive broth or stool specimen. For Legionella send only isolates.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. Sterile site: sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site

- (lymph node, brain, heart, liver, spleen, kidney, pancreas, or ovary), or other normally sterile site including muscle. For CRE and CRAB, also include urine or sputum; for CRAB also include wounds.
5. Upon request from the DPH, report all C. difficile positive stool samples.
6. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done".
7. Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old.
8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA

- sequence) and all CD4 results are only reportable by electronic file.
10. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
11. Report results ≥ 10 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
12. Report all IgM positive titers, only report IgG titers considered significant by testing laboratory.
13. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age.
14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.
15. Report positive and negative results. Electronic reporting preferred.



Pursuant to Connecticut General Statutes (CGS) and to the Regulations of Connecticut State Agencies Public Health Code (PHC), the requested information is required to be provided to the Department of Public Health (DPH). This form must be completely filled in by the primary laboratory.

**PHC Section 19a-36-A2. List of reportable diseases and laboratory findings**

An annual list of the laboratory reportable significant findings will be prepared and furnished to directors of clinical laboratories licensed, registered, or approved by the DPH. Please refer to the current list when reporting findings since the list will be reviewed annually and revised when necessary.

**CGS Section 19a-215 Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements. Confidentiality. Fines.**

(c) A clinical laboratory shall report each finding identified by such laboratory of any disease identified on the commissioner's list of reportable laboratory findings to the Department of Public Health not later than forty-eight hours after such laboratory's finding. A clinical laboratory that reports an average of more than thirty findings per month shall make such reports electronically in a format approved by the commissioner. Any clinical laboratory that reports an average of less than thirty findings per month shall submit such reports, in writing, by telephone or in an electronic format approved by the commissioner.

**PHC Section 19a-36-A3 Persons required to report reportable diseases and laboratory findings.**

(b) The director of a laboratory that identifies a reportable laboratory finding must report such findings within forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the DPH on forms provided by the DPH or electronically in a format approved by the DPH Commissioner. The DPH makes reported case information available to the local director of health. When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit the isolate or specimen from which the finding was made to the DPH's laboratory division. Please submit using the appropriate form found at <https://portal.ct.gov/DPH/Laboratory/Scientific-Support/Scientific-Support-Services>

**PHC Section 19a-36-A4 Content of report and reporting of reportable diseases and laboratory findings. (b) Reportable laboratory findings. Each report shall include:**

1. full name, address, date of birth, age, gender, race/ethnicity, and occupation of person affected;
2. full name, address and phone number of the attending physician;
3. identity of the infectious agent or other reportable laboratory findings, and date of collection;
4. method of identification.

Reports must be mailed in envelopes marked "**CONFIDENTIAL**" within 48 hours of identifying the finding to the:

1. Local Director of Health of town in which the patient resides (if using multipage form send the Canary copy) AND
2. Connecticut Department of Public Health (White copy)  
410 Capitol Avenue, MS#11FDS  
P.O. Box 340308  
Hartford, CT 06134-0308  
(Retain Pink copy for patient's medical record)

**OR** Forms may be faxed to the appropriate DPH Program depending on result. Please send reports to local health director as directed.

- Epidemiology and Emerging Infections FAX 860-920-3131 (any report)
- Hepatitis C and HIV/AIDS FAX 860-509-8273
- Immunization Program FAX 860-707-1905
- Occupational Diseases heavy metals FAX 860-730-8424
- Sexually Transmitted Diseases FAX 860-730-8380
- Tuberculosis Control Program FAX 860-730-8271
- Health Care Associated Infections & Antimicrobial Resistance FAX 860-730-8343

For inquires about electronic reporting, please email [DPH.InformaticsLab@ct.gov](mailto:DPH.InformaticsLab@ct.gov) for information

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) GUIDELINES**

Pursuant to Connecticut General Statutes (CGS) §19a-2a and §19a-215 and to the Regulations of Connecticut State Agencies Public Health Code (PHC) sections 19a-36-A3 and 19a-36-A4 as cited above, the requested information is required to be provided to the Department of Public Health. Please note that CGS §52-146o(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorize you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation 45 CFR §164.512(a)] and (ii) as part of the Department's public health activities [HIPAA Privacy regulation, 45 CFR §164.512(b)(1)(i)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 45 CFR §164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations