



Pt's Last Name: _____	First: _____	DOB: _____	Age: _____
Address: _____		City: _____ State/Zip Code: _____	
Phone #: _____		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unknown Hispanic/Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
<input type="checkbox"/> Other (specify): _____		<input type="checkbox"/> Race Unknown <input type="checkbox"/> Refused	
Occupation (if related to disease): _____		Workplace name & address: _____	
Ordering Provider Last Name: _____		First Name: _____	
Facility/Address: _____		Phone #: _____	
Submitting Laboratory (name/address or label): _____		Specimen collection date: _____	
		Date laboratory finding reported to physician: _____	
		Date OL-15C completed: _____	
		Hospital Chart No: _____ Lab Specimen No: _____	
		Source/Type specimen: _____	
		Submitted to state lab: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Person Reporting: _____	Lab Phone: _____	
<p><input type="checkbox"/> <i>Anaplasma phagocytophylum</i> by PCR only</p> <p><input type="checkbox"/> <i>Babesia</i> <input type="checkbox"/> IFA IgM (titer) _____ IgG (titer) _____</p> <p><input type="checkbox"/> Blood smear <input type="checkbox"/> PCR <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <i>microti</i> <input type="checkbox"/> <i>divergens</i> <input type="checkbox"/> <i>duncani</i> <input type="checkbox"/> Unspecified</p> <p><input type="checkbox"/> <i>Bordetella pertussis</i> (titer) _____</p> <p><input type="checkbox"/> Culture¹ <input type="checkbox"/> Non-pertussis <i>Bordetella</i>¹ (specify) _____</p> <p><input type="checkbox"/> DFA <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> <i>Borrelia burgdorferi</i>²</p> <p><input type="checkbox"/> <i>Borrelia miyamotoi</i></p> <p><input type="checkbox"/> California group virus³ spp _____</p> <p><input type="checkbox"/> <i>Campylobacter</i>³ spp _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> EIA</p> <p><input type="checkbox"/> <i>Candida auris</i> [report samples from all sites]¹</p> <p><input type="checkbox"/> <i>Candida</i> spp, [blood isolates only]: _____^{1,3}</p> <p><input type="checkbox"/> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> <i>acinetobacter baumannii</i> (CRAB)^{1,4}</p> <p><input type="checkbox"/> Carbapenem-resistant Enterobacteriales (CRE)^{1,3,4}</p> <p>Genus _____ spp _____</p> <p><input type="checkbox"/> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA)^{1,4}</p> <p><input type="checkbox"/> Carboxyhemoglobin ≥ 5%² _____ % COHb</p> <p><input type="checkbox"/> Chikungunya virus</p> <p><input type="checkbox"/> <i>Chlamydia trachomatis</i> (test type) _____</p> <p><input type="checkbox"/> <i>Clostridium difficile</i>⁵</p> <p><input type="checkbox"/> <i>Corynebacterium diphtheriae</i>¹</p> <p><input type="checkbox"/> <i>Cryptosporidium</i> spp³ _____ <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> EIA</p> <p><input type="checkbox"/> Microscopy <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> <i>Cyclospora</i> spp³ _____</p> <p><input type="checkbox"/> PCR <input type="checkbox"/> Microscopy <input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Dengue virus</p> <p><input type="checkbox"/> Eastern equine encephalitis virus</p> <p><input type="checkbox"/> <i>Ehrlichia chaffeensis</i> <input type="checkbox"/> PCR <input type="checkbox"/> IgG ≥ 1:128 only <input type="checkbox"/> Culture</p> <p><input type="checkbox"/> Enterotoxigenic <i>Escherichia coli</i> (ETEC) <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> <i>Escherichia coli</i> O157¹ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> <i>Giardia</i> spp³ _____</p> <p><input type="checkbox"/> Group A <i>Streptococcus</i>, invasive^{1,4} <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Group B <i>Streptococcus</i>, invasive^{1,4} <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <i>Haemophilus ducreyi</i></p> <p><input type="checkbox"/> <i>Haemophilus influenzae</i>, invasive^{1,4} <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Hepatitis A virus (HAV): <input type="checkbox"/> IgM anti-HAV⁶ _____ <input type="checkbox"/> NAAT Positive⁶ _____</p> <p>ALT _____ Total Bilirubin _____ <input type="checkbox"/> Not Done</p> <p><input type="checkbox"/> Hepatitis B HBsAg <input type="checkbox"/> Positive <input type="checkbox"/> Negative⁷</p> <p><input type="checkbox"/> IgM anti-HBc <input type="checkbox"/> HBsAg² <input type="checkbox"/> HBV DNA²</p> <p>anti-HBs⁷ <input type="checkbox"/> Positive (titer) _____ <input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Hepatitis C virus (HCV)⁸ <input type="checkbox"/> Antibody _____</p> <p><input type="checkbox"/> PCR/NAAT/RNA _____ <input type="checkbox"/> Genotype: _____</p> <p><input type="checkbox"/> Herpes simplex virus (infants ≤ 60 days of age)</p> <p><input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> IFA <input type="checkbox"/> Ag detection</p> <p><input type="checkbox"/> HIV Related Testing (report only to the State)⁹</p> <p><input type="checkbox"/> Detectable Screen (IA)</p> <p><input type="checkbox"/> Antibody Confirmation (WB/IFA/Type-diff)⁹</p> <p>HIV 1 <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Ind HIV 2 <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Ind</p> <p><input type="checkbox"/> HIV NAAT (or qualitative RNA) <input type="checkbox"/> Detectable <input type="checkbox"/> Not Detectable</p> <p><input type="checkbox"/> HIV Viral Load (all results)⁹ _____ copies/mL</p> <p><input type="checkbox"/> HIV genotype⁹</p> <p><input type="checkbox"/> CD4 count: _____ cells/uL; _____ %⁹</p> <p><input type="checkbox"/> HPV (report only to the State)¹⁰</p> <p>Biopsy proven <input type="checkbox"/> CIN 2 <input type="checkbox"/> CIN 3 <input type="checkbox"/> AIS</p> <p>or their equivalent, (specify) _____</p> <p><input type="checkbox"/> Influenza virus (report only to the State) <input type="checkbox"/> Rapid antigen² <input type="checkbox"/> RT-PCR</p> <p><input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type Unknown</p> <p><input type="checkbox"/> Subtype: _____</p> <p><input type="checkbox"/> Lead poisoning (blood lead ≥ 3.5 µg/dL within 48 hrs; < 3.5 µg/dL monthly)¹¹</p> <p><input type="checkbox"/> Fingerstick _____ µg/dL <input type="checkbox"/> Venous _____ µg/dL</p> <p><input type="checkbox"/> <i>Legionella</i> spp¹ _____</p> <p><input type="checkbox"/> Culture <input type="checkbox"/> DFA <input type="checkbox"/> Ag positive</p> <p><input type="checkbox"/> Four-fold serologic change (titers) _____</p> <p><input type="checkbox"/> <i>Listeria monocytogenes</i>¹ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p>		<p><input type="checkbox"/> Mercury poisoning</p> <p><input type="checkbox"/> Urine ≥ 35 µg/g creatinine _____ µg/g <input type="checkbox"/> Blood ≥ 15 µg/L _____ µg/L</p> <p><input type="checkbox"/> Monkeypox virus <input type="checkbox"/> PCR <input type="checkbox"/> IgM anti-MPVX <input type="checkbox"/> Sequencing</p> <p><input type="checkbox"/> <i>Orthopoxvirus</i> <input type="checkbox"/> PCR <input type="checkbox"/> IHC <input type="checkbox"/> Sequencing</p> <p><input type="checkbox"/> Non-variola orthopoxvirus <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> Mumps virus¹² (titer) _____ <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> <i>Mycobacterium leprae</i></p> <p><input type="checkbox"/> <i>Mycobacterium tuberculosis</i> Related Testing¹</p> <p>AFB Smear <input type="checkbox"/> Positive <input type="checkbox"/> Negative</p> <p>If positive <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Numerous</p> <p>NAAT <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate</p> <p>Culture <input type="checkbox"/> <i>Mycobacterium tuberculosis</i></p> <p><input type="checkbox"/> Non-TB mycobacterium (specify M.) _____</p> <p><input type="checkbox"/> <i>Neisseria gonorrhoeae</i> (test type) _____</p> <p><input type="checkbox"/> <i>Neisseria meningitidis</i>, invasive^{1,4}</p> <p><input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Neonatal bacterial sepsis^{3,13}</p> <p>Genus _____ spp _____</p> <p><input type="checkbox"/> Powassan virus</p> <p><input type="checkbox"/> <i>Plasmodium</i>^{1,3} spp _____</p> <p><input type="checkbox"/> Poliovirus</p> <p><input type="checkbox"/> Powassan virus</p> <p><input type="checkbox"/> Rabies virus</p> <p><input type="checkbox"/> <i>Rickettsia rickettsii</i> <input type="checkbox"/> PCR <input type="checkbox"/> IgG ≥ 1:128 only <input type="checkbox"/> Culture</p> <p><input type="checkbox"/> Respiratory syncytial virus²</p> <p><input type="checkbox"/> Rubella virus¹² (titer) _____</p> <p><input type="checkbox"/> Rubeola virus (Measles)¹² (titer) _____ <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> St. Louis encephalitis virus</p> <p><input type="checkbox"/> <i>Salmonella</i>^{1,3} (serogroup & type) _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> SARS-CoV¹ <input type="checkbox"/> IgM/IgG <input type="checkbox"/> PCR _____</p> <p><input type="checkbox"/> SARS-CoV-2 <input type="checkbox"/> PCR <input type="checkbox"/> Antigen</p> <p><input type="checkbox"/> Shiga toxin¹ <input type="checkbox"/> Stx1 <input type="checkbox"/> Stx2 <input type="checkbox"/> Type Unknown</p> <p><input type="checkbox"/> PCR <input type="checkbox"/> EIA</p> <p><input type="checkbox"/> <i>Shigella</i>^{1,3} (serogroup/spp) _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> <i>Staphylococcus aureus</i>, invasive⁴ <input type="checkbox"/> Culture <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> methicillin-resistant <input type="checkbox"/> methicillin-sensitive</p> <p><input type="checkbox"/> <i>Staphylococcus aureus</i>, vancomycin MIC ≥ 4 µg/mL¹ MIC to vancomycin _____ µg/mL</p> <p><input type="checkbox"/> <i>Staphylococcus epidermidis</i>, vancomycin MIC ≥ 32 µg/mL¹ MIC to vancomycin _____ µg/mL</p> <p><input type="checkbox"/> <i>Streptococcus pneumoniae</i></p> <p><input type="checkbox"/> Culture^{1,4} <input type="checkbox"/> Urine antigen <input type="checkbox"/> Other⁴ _____</p> <p><input type="checkbox"/> <i>Treponema pallidum</i></p> <p><input type="checkbox"/> RPR (titer) _____ <input type="checkbox"/> FTA <input type="checkbox"/> EIA</p> <p><input type="checkbox"/> VDRL (titer) _____ <input type="checkbox"/> TPPA</p> <p><input type="checkbox"/> <i>Trichinella</i></p> <p><input type="checkbox"/> Varicella-zoster virus</p> <p><input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> <i>Vibrio</i>^{1,3} spp _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> West Nile virus</p> <p><input type="checkbox"/> Yellow fever virus</p> <p><input type="checkbox"/> <i>Yersinia</i>, not pestis^{1,3} spp _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR</p> <p><input type="checkbox"/> Zika virus</p>

BIOTERRORISM AGENTS at first clinical suspicion¹⁴

<input type="checkbox"/> <i>Bacillus anthracis</i> ¹	<input type="checkbox"/> Venezuelan equine encephalitis virus
<input type="checkbox"/> <i>Burkholderia mallei</i> ¹	<input type="checkbox"/> <i>Brucella</i> spp ¹
<input type="checkbox"/> <i>Clostridium botulinum</i>	<input type="checkbox"/> <i>Burkholderia pseudomallei</i> ¹
<input type="checkbox"/> <i>Francisella tularensis</i>	<input type="checkbox"/> <i>Coxiella burnetii</i>
<input type="checkbox"/> <i>Staphylococcus aureus</i> -enterotoxin B	<input type="checkbox"/> Ricin
<input type="checkbox"/> Variola virus ¹	<input type="checkbox"/> <i>Yersinia pestis</i> ¹
<input type="checkbox"/> Viral agents of hemorrhagic fevers	

FOOTNOTES

- Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, and CRPA, include antimicrobial test results 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.
- Only laboratories with electronic file reporting are required to report positive results.
- Specify species/serogroup/serotype.
- 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 their normally sterile site including muscle. For CRE, CRAB and CRPA also include urine or sputum; for CRAB and CRPA, also include wounds.
- Upon request from the DPH, report all *C. difficile* positive stool samples.
- Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done."
- Negative HBsAg and all anti-HBs results only reportable in children ≤ 2 years old.
- Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
- Report all positive HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.
- Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
- Report results > 3.5 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
- Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
- Report all bacterial isolates from blood or CSF from infants < 72 hours of age.
- Call DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.



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.

PHC Section 19a-36-A3

Persons required to report reportable diseases and laboratory findings.

CGS Section 19a-215

Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements. Confidentiality. Fines.

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.

PHC Section 19a-36-A4

Content of report and reporting of reportable diseases and laboratory findings.

Each report must 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; and
4. method of identification.

Reports must be submitted to DPH either electronically using designated methods (preferred) or faxed within 12 hours of recognition or strong suspicion. Copies must also be faxed to the Local Director of Health of the town in which the patient lives and in the patient's medical record.

PHC Section 19a-36-A3(b)(1)

Persons required to report reportable diseases and laboratory findings.

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.

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.