



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: _____	
Person Reporting: _____ Lab Phone: _____		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	

Anaplasma phagocytophylum by PCR only
 Babesia IFA IgM (titer) _____ IgG (titer) _____
 Blood smear PCR Other _____
 microti *divergens* *duncani* Unspecified

Bordetella pertussis (titer) _____
 Culture ¹ Non-pertussis **Bordetella** ¹ (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 Enterobacteriales (CRE) ^{1,3,4}
Genus _____ spp _____

Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) ^{1,4}
 Carboxyhemoglobin \geq 5% ² _____ % COHb

Chikungunya virus
 Chlamydia trachomatis (test type) _____

Clostridium difficile ⁵
 Corynebacterium diphtheriae 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 \geq 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 _____ Genotype: _____

Herpes simplex virus (infants \leq 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 CIN 2 CIN 3 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 \geq 3.5 μ g/dL within 48 hrs; $<$ 3.5 μ g/dL monthly)¹¹
 Fingerstick _____ μ g/dL **Venous** _____ μ g/dL

Legionella spp ¹ _____
 Culture DFA Ag positive
 Four-fold serologic change (titers) _____

Listeria monocytogenes ¹ Culture PCR

Mercury poisoning
 Urine \geq 35 μ g/g creatinine _____ μ g/g Blood \geq 15 μ g/L _____ μ g/L

Monkeypox virus PCR IgM anti-MPVX Sequencing
 Orthopoxvirus PCR IHC Sequencing
 Non-variola orthopoxvirus PCR

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}
 Culture Other _____

Neonatal bacterial sepsis ^{3,13}
Genus _____ spp _____

Powassan virus
 Plasmodium ^{1,3} spp _____

Poliovirus
 Powassan virus
 Rabies virus
 Rickettsia rickettsii PCR IgG \geq 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 _____ Other _____

SARS-CoV-2 PCR Antigen
 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 \geq 4 μ g/mL _____ μ g/mL
MIC to vancomycin _____ μ g/mL

Staphylococcus epidermidis, vancomycin MIC \geq 32 μ g/mL ¹
MIC to vancomycin _____ μ g/mL

Streptococcus pneumoniae
 Culture ^{1,4} Urine antigen Other ⁴ _____

Treponema pallidum
 RPR (titer) _____ FTA EIA
 VDRL (titer) _____ TPPA

Trichinella
 Varicella-zoster virus
 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 AGENTS at first clinical suspicion ¹⁴

Bacillus anthracis ¹
 Burkholderia mallei
 Clostridium botulinum
 Francisella tularensis
 Staphylococcus aureus-enterotoxin B
 Variola virus ¹
 Viral agents of hemorrhagic fevers ¹

Venezuelan equine encephalitis virus
 Brucella spp ¹
 Burkholderia pseudomallei ¹
 Coxiella burnetii ¹
 Ricin
 Yersinia pestis ¹

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 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 \leq 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 μ g/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.