



Pt's Last Name: _____ First: _____ DOB: _____ Age: _____
 Address: _____ City: _____ State/Zip Code: _____
 Phone #: _____ Gender: Male Female Intersex Unknown Hispanic/Latino: Yes No Unknown
 Race: White Black/African American Asian American Indian/Alaska Native Native Hawaiian/Other Pacific Islander
 Other (specify): _____ Race Unknown Refused
 Occupation (if related to disease): _____ Workplace name & address: _____
 Ordering Provider Last Name: _____ First Name: _____
 Facility/Address: _____ Phone #: _____

Submitting Laboratory (name/address or label): Person Reporting: _____ Lab Phone: _____	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
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- Anaplasma phagocytophilum* 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 Enterobacterales (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 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 \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 HBcAg ² HBV DNA ²
 anti-HBs ⁷ Positive (titer) _____ Negative
- Hepatitis C virus (HCV) ⁸ Antibody _____
 PCR/NAAT/RNA _____ 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
 - Fingertstick _____ 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-MPXV 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
- 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 ¹
 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 Venezuelan equine encephalitis virus
 - Burkholderia mallei* ¹ *Brucella* spp ¹
 - Clostridium botulinum* *Burkholderia pseudomallei* ¹
 - Francisella tularensis* ¹ *Coxiella burnetii* ¹
 - Staphylococcus aureus*-enterotoxin B Ricin
 - Variola virus ¹ *Yersinia pestis* ¹
 - Viral agents of hemorrhagic fevers¹

FOOTNOTES

1. 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.
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 their normally sterile site including muscle. For CRE, CRAB and CRPA also include urine or sputum; for CRAB and CRPA, 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 in children \leq 2 years old.
8. Report positive Antibody, and all RNA and Genotype results.
9. 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.
10. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
11. 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.
12. Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
13. Report all bacterial isolates from blood or CSF from infants < 72 hours of age.
14. 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.