



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

Person Reporting: \_\_\_\_\_  
 Lab Telephone: \_\_\_\_\_  
 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: (see reverse)  Yes  No

<input type="checkbox"/> <i>Anaplasma phagocytophilum</i> by PCR only <input type="checkbox"/> <i>Babesia</i> <input type="checkbox"/> IFA IgM (titer) _____ IgG (titer) _____ <input type="checkbox"/> Blood smear <input type="checkbox"/> PCR <input type="checkbox"/> Other _____ <input type="checkbox"/> <i>microti</i> <input type="checkbox"/> <i>divergens</i> <input type="checkbox"/> <i>duncani</i> <input type="checkbox"/> Unspecified <input type="checkbox"/> <i>Bordetella pertussis</i> (titer) _____ <input type="checkbox"/> Culture <sup>1</sup> <input type="checkbox"/> Non-pertussis <i>Bordetella</i> <sup>1</sup> (specify) _____ <input type="checkbox"/> DFA <input type="checkbox"/> PCR <input type="checkbox"/> <i>Borrelia burgdorferi</i> <sup>2</sup> _____ <input type="checkbox"/> California group virus <sup>3</sup> spp _____ <input type="checkbox"/> Carbapenem-resistant <i>Acinetobacter baumannii</i> <sup>1,4</sup> _____ <input type="checkbox"/> Carbapenem-resistant Enterobacteriaceae <sup>1,4</sup> _____ Genus _____ Spp _____ <input type="checkbox"/> Carboxyhemoglobin ≥ 5% _____ % COHb <input type="checkbox"/> Chikungunya virus _____ <input type="checkbox"/> <i>Chlamydia trachomatis</i> (test type) _____ <input type="checkbox"/> <i>Clostridium difficile</i> <sup>5</sup> _____ <input type="checkbox"/> <i>Corynebacterium diphtheria</i> <sup>1</sup> _____ <input type="checkbox"/> Dengue virus _____ <input type="checkbox"/> Eastern equine encephalitis virus _____ <input type="checkbox"/> <i>Ehrlichia chaffeensis</i> by PCR only _____ <input type="checkbox"/> <i>Giardia</i> spp _____ <input type="checkbox"/> Group A <i>Streptococcus</i> , invasive <sup>1,4</sup> <input type="checkbox"/> Culture <input type="checkbox"/> Other _____ <input type="checkbox"/> Group B <i>Streptococcus</i> , invasive <sup>4</sup> <input type="checkbox"/> Culture <input type="checkbox"/> Other _____ <input type="checkbox"/> <i>Haemophilus ducreyi</i> _____ <input type="checkbox"/> <i>Haemophilus influenzae</i> , invasive <sup>1,4</sup> <input type="checkbox"/> Culture <input type="checkbox"/> Other _____ <input type="checkbox"/> Hepatitis A virus (HAV) IgM anti-HAV <sup>6</sup> ALT _____ AST _____ <input type="checkbox"/> Not Done <input type="checkbox"/> Hepatitis B anti-HBs <sup>7</sup> <input type="checkbox"/> Positive (titer) _____ <input type="checkbox"/> Negative <input type="checkbox"/> IgM anti-HBc HBsAg <input type="checkbox"/> Positive <input type="checkbox"/> Negative <sup>7</sup> <input type="checkbox"/> Hepatitis C virus (HCV) <input type="checkbox"/> Rapid antibody <input type="checkbox"/> RNA <sup>8</sup> <input type="checkbox"/> Genotype <sup>8</sup> <input type="checkbox"/> Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____ <input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> IFA <input type="checkbox"/> Ag detection <input type="checkbox"/> HIV Related Testing (report only to the State) <sup>9</sup> <input type="checkbox"/> Detectable Screen (IA) Antibody Confirmation (WB/IFA/Type-diff) <sup>1,9</sup> <input type="checkbox"/> HIV 1 <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Ind <input type="checkbox"/> HIV 2 <input type="checkbox"/> Positive <input type="checkbox"/> Negative/Ind <input type="checkbox"/> HIV NAAT (or qualitative RNA) <input type="checkbox"/> Detectable <input type="checkbox"/> Not Detectable <input type="checkbox"/> HIV Viral Load (all results) <sup>9</sup> <input type="checkbox"/> HIV genotype <sup>9</sup> <input type="checkbox"/> CD4 count: _____ cells/uL; _____ % <sup>9</sup> <input type="checkbox"/> HPV (report only to the State) <sup>10</sup> <input type="checkbox"/> Biopsy proven <input type="checkbox"/> CIN2 <input type="checkbox"/> CIN3 <input type="checkbox"/> AIS or their equivalent, (specify) _____ <input type="checkbox"/> Influenza virus <input type="checkbox"/> Rapid antigen <sup>2</sup> <input type="checkbox"/> RT-PCR <input type="checkbox"/> Culture-confirmed <input type="checkbox"/> Type A <input type="checkbox"/> Type B <input type="checkbox"/> Type Unknown Subtype: _____ <input type="checkbox"/> Lead poisoning (blood lead ≥ 10 µg/dL < 48 hrs; 0-9 µg/dL monthly) <sup>11</sup> <input type="checkbox"/> Finger stick lead level _____ µg/dL <input type="checkbox"/> Venous lead level _____ µg/dL <input type="checkbox"/> <i>Legionella pneumophila</i> <input type="checkbox"/> Culture <input type="checkbox"/> DFA <input type="checkbox"/> Ag positive <input type="checkbox"/> Four-fold serologic change (titers) _____	<input type="checkbox"/> Mercury poisoning <input type="checkbox"/> Urine ≥ 35 µg/g creatinine _____ µg/g <input type="checkbox"/> Blood ≥ 15 µg/L _____ µg/L <input type="checkbox"/> Mumps virus <sup>12</sup> (titer) _____ <input type="checkbox"/> PCR <input type="checkbox"/> <i>Mycobacterium leprae</i> <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> Related Testing <sup>1</sup> AFB Smear <input type="checkbox"/> Positive <input type="checkbox"/> Negative If positive <input type="checkbox"/> Rare <input type="checkbox"/> Few <input type="checkbox"/> Numerous NAAT <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate Culture <input type="checkbox"/> <i>Mycobacterium tuberculosis</i> <input type="checkbox"/> Non-TB mycobacterium (specify <i>M.</i> ) _____ <input type="checkbox"/> <i>Neisseria gonorrhoeae</i> (test type) _____ <input type="checkbox"/> <i>Neisseria meningitidis</i> , invasive <sup>1,4</sup> <input type="checkbox"/> Culture <input type="checkbox"/> Other _____ <input type="checkbox"/> Neonatal bacterial sepsis <sup>13</sup> spp _____ <input type="checkbox"/> <i>Plasmodium</i> <sup>1,3</sup> spp _____ <input type="checkbox"/> Poliovirus _____ <input type="checkbox"/> Rabies virus _____ <input type="checkbox"/> <i>Rickettsia rickettsii</i> _____ <input type="checkbox"/> Rotavirus _____ <input type="checkbox"/> Rubella virus <sup>12</sup> (titer) _____ <input type="checkbox"/> Rubeola virus (Measles) <sup>12</sup> (titer) _____ <input type="checkbox"/> PCR <input type="checkbox"/> St. Louis encephalitis virus _____ <input type="checkbox"/> SARS-CoV <sup>1</sup> <input type="checkbox"/> IgM/IgG <input type="checkbox"/> PCR _____ (specimen) <input type="checkbox"/> Other _____ <input type="checkbox"/> <i>Staphylococcus aureus</i> , invasive <sup>4</sup> <input type="checkbox"/> Culture <input type="checkbox"/> Other _____ <input type="checkbox"/> methicillin-resistant <input type="checkbox"/> methicillin-sensitive <input type="checkbox"/> <i>Staphylococcus aureus</i> , vancomycin MIC ≥ 4 µg/mL <sup>1</sup> MIC to vancomycin _____ µg/mL <input type="checkbox"/> <i>Staphylococcus epidermidis</i> , vancomycin MIC ≥ 32 µg/mL <sup>1</sup> MIC to vancomycin _____ µg/mL <input type="checkbox"/> <i>Streptococcus pneumoniae</i> <input type="checkbox"/> Culture <sup>1,4</sup> <input type="checkbox"/> Urine antigen <input type="checkbox"/> Other <sup>4</sup> _____ <input type="checkbox"/> <i>Treponema pallidum</i> <input type="checkbox"/> RPR (titer) _____ <input type="checkbox"/> FTA <input type="checkbox"/> EIA <input type="checkbox"/> VDRL (titer) _____ <input type="checkbox"/> TPPA <input type="checkbox"/> <i>Trichinella</i> <input type="checkbox"/> Varicella-zoster virus, acute <input type="checkbox"/> Culture <input type="checkbox"/> PCR <input type="checkbox"/> DFA <input type="checkbox"/> Other _____ <input type="checkbox"/> West Nile virus _____ <input type="checkbox"/> Yellow fever virus _____ <input type="checkbox"/> Zika virus _____
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**BIOTERRORISM possible disease indicators <sup>14</sup>**

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

**SPECIFIC DISEASES RELATING TO FOODBORNE ILLNESS ACTIVE SURVEILLANCE NETWORK (FoodNet)**

<input type="checkbox"/> <i>Campylobacter</i> <sup>3</sup> spp _____	<input type="checkbox"/> <i>Salmonella</i> <sup>1,3</sup> (serogroup/serotype) _____
<input type="checkbox"/> <i>Cryptosporidium</i> spp _____	<input type="checkbox"/> Shiga toxin <sup>1</sup> <input type="checkbox"/> Stx1 <input type="checkbox"/> Stx2 <input type="checkbox"/> Type Unknown
<input type="checkbox"/> <i>Cyclospora</i> spp _____	<input type="checkbox"/> <i>Shigella</i> <sup>1,3</sup> (serogroup/spp) _____
<input type="checkbox"/> <i>Escherichia coli</i> O157 <sup>1</sup>	<input type="checkbox"/> <i>Vibrio</i> <sup>1,3</sup> spp _____
<input type="checkbox"/> <i>Listeria monocytogenes</i> <sup>1</sup>	<input type="checkbox"/> <i>Yersinia</i> , not <i>pestis</i> <sup>3</sup> spp _____

**Specify all methods yielding positive result:**  Culture  PCR  EIA  Other: \_\_\_\_\_

**Patient status** when specimen collected:  Hospitalized  Outpatient  Unk. If outpatient, was patient later hospitalized?  Yes  No  Unk.  
 If hospitalized, **Hospital Name:** \_\_\_\_\_ **Date Admitted:** \_\_\_\_\_ **Date Discharged:** \_\_\_\_\_

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| <ol style="list-style-type: none"> <li>Send isolate, culture or slide to the DPH Laboratory for confirmation. For <i>Salmonella</i>, <i>Shigella</i>, and <i>Vibrio</i> tested by non-culture methods, send the isolate from reflex testing or if positive by CIDT and no isolate or culture results send stool specimen. For Shiga toxin-related disease, send positive broth or stool in transport media. For positive HIV, send ≥ 0.5mL residual serum.</li> <li>Only laboratories with electronic file reporting are required to report positive results.</li> <li>Specify species/serogroup/serotype.</li> <li>Sterile site: defined as 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, but not stool; and for CRAB also include wounds.</li> </ol> | <ol style="list-style-type: none"> <li>Submit reports of all <i>C. difficile</i> positive stool samples according to DPH instructions.</li> <li>Report the peak liver function tests (ALT, AST) conducted within one week of patient's HAV IgM positive test, if available. Check "Not Done" when appropriate.</li> <li>Negative HBsAg and all anti-HBs results are reportable only for children ≤ 2 years old.</li> <li>Report all RNA results. Genotypes and Negative RNA results only reportable by electronic file reporting.</li> <li>Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA sequence) and all CD4 results are reportable by electronic file.</li> </ol> | <ol style="list-style-type: none"> <li>If adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN 2, 3 or cervical AIS or their equivalent for HPV typing according to DPH instructions.</li> <li>Report lead results ≥ 10 µg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH only.</li> <li>Report all IgM positive titers, but only IgG titers that are considered significant by the laboratory performing the test.</li> <li>Report all bacterial isolates from blood or CSF from an infant ≤ 72 hours of age.</li> <li>Report by telephone to the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.</li> </ol> |
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This form must be completely filled out by the primary laboratory. Excerpts from the regulations of the State of Connecticut are given below.

**ANNUAL LIST** (*Section 19a-36-A2*)

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

**RESPONSIBILITY FOR REPORTING** (*Section 19a-36-A3*)

The director of a laboratory that receives a primary specimen or sample which yields a reportable laboratory finding shall be responsible for reporting 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.

**REPORTING** (*Section 19a-36-A4*)

Each report should include:

1. Name, address and phone number of the person reporting and of the physician attending;
2. Name, address, date of birth, age, gender, race/ethnicity, and occupation of person affected;
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 making the finding to the:

1. **Local Director of Health of town in which the patient resides** (Canary)  
**AND**
2. **Connecticut Department of Public Health** (White)  
**410 Capitol Avenue, MS#11FDS**  
**P.O. Box 340308**  
**Hartford, CT 06134-0308**

or submitted in a manner specified by the DPH.

**CONFIRMATION** (*Section 19a-36-A3(b)(1)*)

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 Department's laboratory division.

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

Pursuant to Connecticut General Statutes § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies §§ 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.