Reportable Laboratory Findings

2023 Diseases Relating to Public Health - Form OL-15C

For questions about this form or lab reporting requirements in general, call 860-509-7994

Fax to 860-920-3131 *Revised 01/10/2023*

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

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: ☐ Yes ☐ No

☐ *Anaplasma phagocytophilum* by PCR only

☐ *Babesia* ☐ IFA IgM (titer) _____ IgG (titer) _____
☐ Blood smear ☐ PCR ☐ Other _____
☐ *microti* ☐ *divergens* ☐ *duncani* ☐ Unspeciated

☐ *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 ≥ 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 ☐ 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 ≥3.5 µg/dL within 48 hrs; <3.5 µg/dL monthly)**[11]
☐ **Fingerstick** _____**µg/dL** ☐ **Venous** _____ _____**µg/dL**

☐ *Legionella* spp [1] _____
☐ Culture ☐ DFA ☐ Ag positive
☐ 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

☐ 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 ≥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 ≥ 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
☐ 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* [1]
☐ *Clostridium botulinum*
☐ *Francisella tularensis*
☐ *Staphylococcus aureus*-enterotoxin B
☐ Variola virus [1]
☐ Venezuelan equine encephalitis virus
☐ *Brucella* spp [1]
☐ *Burkholderia pseudomallei* [1]
☐ *Coxiella burnetiid*
☐ Ricin
☐ *Yersinia pestis* [1]
☐ Viral agents of hemorrhagic fevers

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 ≤ 2 years old.
8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
9. 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 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 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.

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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.

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