

PATIENT INFORMATION

Patient Name (Last)	(First)	(Middle)	Date of Birth	Age
Address	City	State	Zip Code	Phone Number
Race (Check all that apply)	Ethnicity	Sex at Birth	Current Gender Identity	
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender male-to-female
<input type="checkbox"/> Asian <input type="checkbox"/> Black/African American	<input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> Female	<input type="checkbox"/> Female	<input type="checkbox"/> Transgender female-to-male
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Unknown	<input type="checkbox"/> Unknown	<input type="checkbox"/> Nonbinary	<input type="checkbox"/> Other Gender: <input type="text"/>
<input type="checkbox"/> White <input type="checkbox"/> Other Race: <input type="text"/>	Occupation <input type="text"/>	Workplace <input type="text"/>		
<input type="checkbox"/> Unknown <input type="checkbox"/> Refused	Workplace Address <input type="text"/>			

ORDERING PROVIDER

Last Name	First Name	Phone
Facility Name		
Provider Address <input type="text"/>		
Provider City	State	Zip
Hospital Medical Record #		

LABORATORY INFORMATION

Submitting Laboratory Name	Lab Specimen #	OL-15C Completed
Person Reporting	Lab Phone <input type="text"/>	
Lab City & State	Source/Specimen Type	
Collection	mm/dd/yyyy	Tested
Result	mm/dd/yyyy	Reported
	mm/dd/yyyy	mm/dd/yyyy
		<input type="checkbox"/> Yes <input type="checkbox"/> No

- ☐ *Anaplasma phagocytophilum* ☐ IgG ≥ 1:128 only ☐ PCR
- ☐ *Babesia* ☐ IgG ≥ 1:256 only ☐ Blood smear ☐ PCR
- ☐ *microti* ☐ *divergens* ☐ *duncani* ☐ Unspecified
- ☐ *Blastomyces* spp.
- ☐ *Bordetella* spp. (1,3)  ☐ Culture ☐ DFA ☐ PCR
- ☐ *Borrelia burgdorferi* (2)
- ☐ *Borrelia mayonii*
- ☐ *Borrelia miyamotoi*
- ☐ California group virus spp. (3)
- ☐ *Campylobacter* spp. (3)  ☐ 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* ☐ PCR ☐ TMA
- ☐ *Clostridium difficile* (5)
- ☐ *Corynebacterium diphtheria* (1)
- ☐ *Cronobacter* spp. (3)
- ☐ *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) ☐ PCR ☐ Culture
- ☐ *Escherichia coli* O157 (1) ☐ PCR ☐ Culture
- ☐ *Escherichia coli*, invasive (2,4)
- ☐ *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 (6) ☐ ALT  ☐ Total Bilirubin
- ☐ IgM anti-HAV ☐ NAAT ☐ Positive
- ☐ Hepatitis B (6) ☐ ALT  ☐ Total Bilirubin
- ☐ HBsAg (7) ☐ Pos ☐ Neg ☐ IgM anti-HBc Pos
- ☐ HBeAg Pos (2) ☐ HBV DNA (2)
- ☐ anti-HBs (7) ☐ Pos (titer)  ☐ Neg
- ☐ Hepatitis C (6,8) ALT  ☐ Total Bilirubin
- ☐ Anti-HCV ☐ Pos ☐ Neg
- ☐ PCR ☐ TMA ☐ Other ☐ Genotype
- ☐ Herpes simplex virus (infants < 60 days of age)
- ☐ Culture ☐ PCR ☐ IFA ☐ Ag detection
- ☐ *Histoplasma capsulatum* ☐ PCR ☐ HSTQU ☐ Titer
- ☐ HIV Related Testing (Report only to the State) (9)
- ☐ HIV screen (IA) ☐ Pos ☐ Neg
- ☐ Antibody Confirmation (WB/IFA/Type-diff)
- ☐ HIV-1: ☐ Pos ☐ Neg/Ind ☐ HIV-2: ☐ Pos ☐ Neg/Ind
- ☐ HIV NAAT (or qualitative RNA) ☐ Det ☐ Not Det
- ☐ HIV Viral Load (all results)  copies/mL
- ☐ HIV Genotype ☐ CD4 count:  cells/uL;  %
- ☐ HPV (Report only to the State) (1)
- ☐ Biopsy proven ☐ CIN 2 ☐ CIN 3 ☐ AIS
- ☐ or their equivalent, (specify)
- ☐ Influenza virus
- ☐ 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)(10)
- ☐ Fingerstick  µg/dL ☐ Venous  µg/dL
- ☐ *Legionella* spp. (1,3)
- ☐ 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 ☐ Sequencing ☐ Clade I ☐ Clade II
- ☐ Orthopoxvirus ☐ PCR ☐ Sequencing ☐ IHC ☐ IgM anti-OPV
- ☐ Mumps virus (11) (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* spp.
- ☐ *Neisseria gonorrhoeae* ☐ PCR ☐ TMA ☐ Culture
- ☐ *Neisseria meningitidis*, invasive (1,4) ☐ Culture ☐ Other:
- ☐ Neonatal bacterial sepsis (3,12) ☐ Genus  spp.
- ☐ Oropouche virus
- ☐ *Plasmodium* spp. (1,3)
- ☐ Poliovirus
- ☐ Powassan virus
- ☐ Rabies virus
- ☐ *Rickettsia rickettsii* ☐ PCR ☐ IgG ≥1:128 only ☐ Culture
- ☐ *akari* ☐ *parkeri* ☐ *rickettsii* ☐ *rickettsii* (sub-spp. *californica*)
- ☐ Respiratory syncytial virus
- ☐ Rubella virus (11) (titer)
- ☐ Rubeola virus (Measles) (11) (titer)  ☐ PCR
- ☐ St. Louis encephalitis virus
- ☐ *Salmonella* (1,3) (serogroup & type)  ☐ Culture ☐ PCR
- ☐ SARS-CoV (1) ☐ IgM/IgG ☐ PCR ☐ Other:
- ☐ SARS-CoV-2 (13) ☐ NAAT ☐ Antigen
- ☐ Shiga toxin (1) ☐ Stx1 ☐ Stx2 ☐ Type Unkn ☐ 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:
- ☐ *Treponema pallidum* (14)
- ☐ RPR (titer)  ☐ FTA ☐ EIA
- ☐ VDRL (titer)  ☐ TPPA
- ☐ *Trichinella*
- ☐ Varicella-zoster virus
- ☐ Culture ☐ PCR ☐ DFA ☐ Other:
- ☐ *Vibrio* spp. (1,3)  ☐ Culture ☐ PCR
- ☐ West Nile virus
- ☐ Yellow fever virus
- ☐ *Yersinia* [non-pestis] spp. (3)  ☐ Culture ☐ PCR
- ☐ Zika virus
- ☐ BIOTERRORISM AGENTS (15)
- ☐ *Bacillus anthracis* (1)
- ☐ *Brucella* spp. (1)
- ☐ *Burkholderia mallei* (1)
- ☐ *Burkholderia pseudomallei* (1)
- ☐ *Clostridium botulinum*
- ☐ *Coxiella burnetii* (1)
- ☐ *Francisella tularensis* (1)
- ☐ *Staphylococcus aureus*-enterotoxin B
- ☐ Variola virus (1)
- ☐ Viral agents of hemorrhagic fevers
- ☐ Venezuelan equine encephalitis virus
- ☐ *Yersinia pestis* (1)

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## Form OL-15C Footnotes

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1. Isolate/specimen submission to the State Public Health Laboratory required. See page two for submission requirements by pathogen.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. From sterile sites: 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, CRAB, and CRPA also include urine or sputum; for CRAB and CRPA, also include wounds.
5. Report all *C. difficile* positive stool samples by electronic reporting or upon request from DPH.
6. Report ALT and Total Bilirubin results if conducted within one week of positive test, if available.
7. Report all positive HBsAg. Report negative HBsAg and all anti-HBs results only in children  $\leq 2$  years old.
8. Report positive antibody, and all RNA and genotype results.
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. Negative HIV 1/2 Ab/Ag, HIV genotype (DNA sequence) and all CD4 results are only reportable by electronic file reporting.
10. Report results  $>3.5$   $\mu\text{g/dL}$  within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only. Electronic reporting preferred.
11. Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
12. Report all bacterial isolates from blood or CSF from infants  $<3$  days of age.
13. Hospital laboratories and other providers with electronic reporting only.
14. Report negative TP-PA/TPPA or FTA-ABS via electronic file.
15. Call DPH: Weekdays: (860) 509-7994  
Evenings, weekends, holidays: (860) 509-8000

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## Persons Required to Report Significant Laboratory Findings

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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 48 hours to the local director of health of the town in which the affected person normally resides. In the absence of such information, the reports should go to the town from which the specimen originated and to the Department of Public Health. Reports must include name, address, contact phone number, date of birth, race, ethnicity, gender, and occupation of patient.

# Supplemental Information for Isolate or Specimen Submission to the Connecticut State Public Health Laboratory

Reportable Finding	Which specimens should be submitted?
<i>Bordetella</i> spp.	Submit all isolates, specimens, and/or DNA.
<i>Campylobacter</i>	Submit all isolates.
<i>Candida auris</i>	Submit first isolate/specimen from any source. Submit upon first identification of colonization and first identification of clinical infection. Submit additional isolates once every 30 days; additional susceptibility testing for clinical management may be requested. See <i>Candida</i> spp. for <i>C. auris</i> isolated from blood.
<i>Candida</i> spp. (other than <i>C. auris</i> )	Blood isolates only. Submit all <i>C. glabrata</i> and <i>C. parapsilosis</i> isolates. For other species, submit isolate upon identification of new species and every 30 calendar days for each species identified.
CRAB	See detailed guidance for multidrug resistant organisms.
CRE	See detailed guidance for multidrug resistant organisms.
<i>Cronobacter</i> in infants (<1 year)	Submit all isolates.
CRPA	See detailed guidance for multidrug resistant organisms.
<i>Corynebacterium diphtheria</i>	Submit all isolates.
<i>Cyclospora</i>	Submit positive stool.
<i>Escherichia coli</i> O157	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool/broth specimen if no isolate available.
<i>E. coli</i> , invasive	Cases <1 year of age or upon request from DPH; from sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
Group A <i>Streptococcus</i> , invasive	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
Group B <i>Streptococcus</i> , invasive	Cases <1 year of age only; from sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
Human papilloma virus	Upon request from DPH, submit fixed issue from the diagnostic specimen for HPV typing.
<i>Haemophilus influenzae</i> , invasive	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
<i>Legionella</i> spp.	Submit all isolates.
<i>Listeria monocytogenes</i>	Submit all isolates.
<i>Mycobacterium tuberculosis</i> Related Testing	Submit first isolate, unless otherwise specified by DPH.
<i>Neisseria meningitidis</i> , invasive	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
<i>Plasmodium</i> spp.	Submit first specimen.
<i>Salmonella</i> spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.
SARS-CoV	Submit all positive specimens.
Shiga toxin	Submit first positive broth or stool specimen.
<i>Shigella</i> spp.	Submit first isolate per specimen source.
<i>Staphylococcus aureus</i> , vancomycin MIC $\geq 4$ $\mu\text{g/mL}$	Submit one isolate per specimen source per collection date. <i>May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.</i>
<i>Staphylococcus epidermidis</i> , vancomycin MIC $\geq 32$ $\mu\text{g/mL}$	Submit one isolate per specimen source per collection date. <i>May require discussion with DPH if multiple positives identified depending upon stability of MIC values at clinical lab.</i>
<i>Streptococcus pneumoniae</i>	From sterile sites. <sup>1</sup> Submit one isolate per specimen source per collection date.
<i>Vibrio</i> spp.	Submit first isolate per specimen source. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.
Bioterrorism Agents	
<i>Bacillus anthracis</i> <i>Brucella</i> spp. <i>Burkholderia mallei</i> <i>Burkholderia pseudomallei</i>	<i>Coxiella burnetii</i> <i>Francisella tularensis</i> Variola virus <i>Yersinia pestis</i>
<b>Call DPH immediately</b> Weekdays: (860) 509-7994 Evenings, weekends, holidays: (860) 509-8000 Submit all specimens.	

<sup>1</sup> 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 other normally sterile site, including muscle.

## **DPH Authority to Conduct Public Health Activities**

Pursuant to Connecticut General Statutes (CGS) and Regulations of Connecticut State Agencies included below, the requested information is required to be provided to the Department of Public Health (DPH). Health care providers must complete this form for patients diagnosed with any reportable disease, emergency illness, or health condition.

### **Connecticut General Statutes**

[CGS § 19a-2a](#) authorizes the Commissioner of Public Health to employ the most efficient and practical means for the prevention and suppression of disease.

[CGS § 19a-215](#) defines the Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements and describes the reporting requirements for health care providers and clinical laboratories.

[CGS § 52-146o\(b\)\(1\)](#) authorizes the release of medical information to DPH without patient consent.

### **Regulations of Connecticut State Agencies**

[Conn. Agencies Regs., § 19a-36-A2: List of reportable diseases and laboratory findings](#) includes the reporting category of each disease, procedures for the reporting, and minimum investigation and control measures for each disease. Listed diseases are declared reportable diseases as of the effective date of approval by the commissioner.

[Conn. Agencies Regs., § 19a-36-A3: Persons required to report reportable diseases and laboratory findings](#) identifies professionals responsible for disease reporting including:

- 1) health care providers;
- 2) the administrator serving a public or private school or day care center attended by any person affected or apparently affected with such disease;
- 3) the person in charge of any camp;
- 4) the master or any other person in charge of any vessel lying within the jurisdiction of the state;
- 5) the master or any other person in charge of any aircraft landing within the jurisdiction of the state;
- 6) the owner or person in charge of any establishment producing, handling, or processing dairy products, other food, or non-alcoholic beverages for sale or distribution;
- 7) morticians and funeral directors.

[Conn. Agencies Regs., § 19a-36-A4: Content of report and reporting of reportable diseases and laboratory findings](#) describes what information 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, sex, race/ethnicity, and occupation of person affected; and
- 3) the diagnosed or suspected disease, and date of onset.

In addition, the federal [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#) provides the legal framework necessary to allow health care providers to release protected health information (PHI) and for DPH to collect PHI for public health activities.

### **Code of Federal Regulations (CFR)**

#### **45 CFR § 164.501: Definitions.**

DPH is a "public health authority" Please note: "health oversight agency" includes entities "acting under a grant of authority from or contract with such public agency."

#### **45 CFR § 164.512: Uses and disclosures for which an authorization or opportunity to agree or object is not required.**

[\(a\)\(1\)](#) authorizes health care providers to disclose PHI when required by law which includes statutes or regulations that require the production of PHI.

[\(b\)\(1\)](#) authorizes health care providers to disclose PHI for public health activities.

[\(b\)\(1\)\(i\)](#) authorizes health care providers to disclose PHI to a public health authority authorized by law for the purpose of preventing or controlling disease, injury, or disability, including the reporting of disease, public health surveillance, public health investigations, and public health interventions.

#### **45 CFR § 164.514: Other requirements relating to uses and disclosures of protected health information.**

[\(d\)\(3\)\(iii\)](#) providers may rely upon public officials' position that PHI disclosures are the minimum amount necessary to achieve the purpose of the disclosure.

**For questions about this form or disease reporting, please call (860) 509-7994.**