



CONNECTICUT PUBLIC HEALTH

Form OL-15C (2026) Reportable Laboratory Findings Form

For questions about this form or lab reporting requirements, call (860) 509-7994
Fax completed forms to (860) 920-3131

State of Connecticut
Department of Public Health
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7994

PATIENT INFORMATION

Patient Name (Last)	(First)	(Middle)	Date of Birth	Age	
Address	City	State	Zip Code	Phone Number	
Race (Check all that apply)		Ethnicity			
<input type="radio"/> American Indian/Alaska Native <input type="radio"/> Asian <input type="radio"/> Black/African American <input type="radio"/> Native Hawaiian/Other Pacific Islander <input type="radio"/> White <input type="radio"/> Other Race: <input type="radio"/> Unknown <input type="radio"/> Refused	<input type="radio"/> Hispanic/Latino <input type="radio"/> Non-Hispanic/Latino <input type="radio"/> Unknown	<input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Unknown	<input type="radio"/> Male <input type="radio"/> Transgender male-to-female <input type="radio"/> Female <input type="radio"/> Transgender female-to-male <input type="radio"/> Nonbinary <input type="radio"/> Other Gender:		
Occupation		Workplace			
Workplace Address					
ORDERING PROVIDER					
Last Name	First Name	Phone	LABORATORY INFORMATION		
Facility Name	Submitting Laboratory Name	Lab Specimen #	OL-15C Completed		
Provider Address	Person Reporting	Lab Phone			
Provider City	Lab City & State	Source/Specimen Type			
Hospital Medical Record #	Collection	mm/dd/yyyy	Tested	mm/dd/yyyy	
	Result	mm/dd/yyyy	Reported	mm/dd/yyyy	
Specimen sent to State Lab?					
<input type="radio"/> Yes <input type="radio"/> No					
<input type="radio"/> <i>Anaplasma phagocytophilum</i> <input type="radio"/> IgG ≥ 1:128 only <input type="radio"/> PCR <input type="radio"/> <i>Babesia</i> <input type="radio"/> IgG ≥ 1:256 only <input type="radio"/> Blood smear <input type="radio"/> PCR <input type="radio"/> <i>microti</i> <input type="radio"/> <i>divergens</i> <input type="radio"/> <i>duncani</i> <input type="radio"/> Unspecified <input type="radio"/> <i>Blastomyces</i> spp. <input type="radio"/> <i>Bordetella</i> spp. (1,3) <input type="radio"/> Culture <input type="radio"/> DFA <input type="radio"/> PCR <input type="radio"/> <i>Borrelia burgdorferi</i> (2) <input type="radio"/> <i>Borrelia mayonii</i> <input type="radio"/> <i>Borrelia miyamotoi</i> <input type="radio"/> California group virus spp. (3) <input type="radio"/> <i>Campylobacter</i> spp. (3) <input type="radio"/> Culture <input type="radio"/> PCR <input type="radio"/> EIA <input type="radio"/> <i>Candida auris</i> [report samples from all sites] (1) <input type="radio"/> <i>Candida</i> spp. [blood isolates only] (1,3) <input type="radio"/> Carbapenem-resistant <i>Acinetobacter baumannii</i> (CRAB) (1,4) <input type="radio"/> Carbapenem-resistant <i>Enterobacteriales</i> (CRE) (1,3,4) <input type="radio"/> Genus spp. <input type="radio"/> Carbapenem-resistant <i>Pseudomonas aeruginosa</i> (CRPA) (1,4) <input type="radio"/> Carboxyhemoglobin > 5% (2) % COHb <input type="radio"/> Chikungunya virus <input type="radio"/> <i>Chlamydia trachomatis</i> <input type="radio"/> PCR <input type="radio"/> TMA <input type="radio"/> <i>Clostridium difficile</i> (5) <input type="radio"/> <i>Corynebacterium diphtheriae</i> (1) <input type="radio"/> <i>Cronobacter</i> spp. (3) <input type="radio"/> <i>Cryptosporidium</i> spp. (3) <input type="radio"/> PCR <input type="radio"/> DFA <input type="radio"/> EIA <input type="radio"/> Microscopy Other: <input type="radio"/> <i>Cyclospora</i> spp. (3) <input type="radio"/> PCR <input type="radio"/> Microscopy Other: <input type="radio"/> Dengue virus <input type="radio"/> Eastern equine encephalitis virus <input type="radio"/> <i>Ehrlichia chaffeensis</i> <input type="radio"/> PCR <input type="radio"/> IgG ≥ 1:128 only <input type="radio"/> Culture <input type="radio"/> Enterotoxigenic <i>Escherichia coli</i> (ETEC) <input type="radio"/> PCR <input type="radio"/> Culture <input type="radio"/> <i>Escherichia coli</i> O157 (1) <input type="radio"/> PCR <input type="radio"/> Culture <input type="radio"/> <i>Escherichia coli</i> , invasive (2,4) <input type="radio"/> <i>Giardia</i> spp. (3) <input type="radio"/> Group A <i>Streptococcus</i> , invasive (1,4) <input type="radio"/> Culture Other: <input type="radio"/> Group B <i>Streptococcus</i> , invasive (1,4) <input type="radio"/> Culture Other: <input type="radio"/> <i>Haemophilus ducreyi</i> <input type="radio"/> <i>Haemophilus influenzae</i> , invasive (1,4) <input type="radio"/> Culture Other: <input type="radio"/> Hepatitis A (6) ALT Total Bilirubin <input type="radio"/> IgM anti-HAV <input type="radio"/> NAAT Positive <input type="radio"/> Hepatitis B (6) ALT Total Bilirubin <input type="radio"/> HBsAg (7) Pos Neg <input type="radio"/> IgM anti-HBc Pos <input type="radio"/> HBeAg Pos (2) <input type="radio"/> HBV DNA (2) <input type="radio"/> anti-HBs (7) Pos (titer) <input type="radio"/> Neg <input type="radio"/> Hepatitis C (6,8) ALT Total Bilirubin <input type="radio"/> Anti-HCV Pos Neg <input type="radio"/> PCR TMA Other Genotype <input type="radio"/> Herpes simplex virus (infants < 60 days of age) <input type="radio"/> Culture PCR IFA Ag detection <input type="radio"/> <i>Histoplasma capsulatum</i> PCR HSTQU Titer <input type="radio"/> HIV Related Testing (Report only to the State) (9) <input type="radio"/> HIV screen (IA) Pos Neg <input type="radio"/> Antibody Confirmation (WB/IFA/Type-diff) <input type="radio"/> HIV-1: Pos Neg/Ind HIV-2: Pos Neg/Ind <input type="radio"/> HIV NAAT (or qualitative RNA) Det Not Det <input type="radio"/> HIV Viral Load (all results) copies/mL <input type="radio"/> HIV Genotype CD4 count: cells/uL % <input type="radio"/> HPV (Report only to the State) (1) <input type="radio"/> Biopsy proven CIN 2 CIN 3 AIS <input type="radio"/> or their equivalent, (specify) <input type="radio"/> Influenza virus <input type="radio"/> Rapid antigen (2) RT-PCR Type A Type B <input type="radio"/> Type Unknown Subtype					<input type="radio"/> Lead poisoning (blood lead ≥ 3.5 µg/dL within 48 hrs; < 3.5 µg/dL monthly)(10) <input type="radio"/> Fingerstick µg/dL Venous µg/dL <input type="radio"/> <i>Legionella</i> spp. (1,3) <input type="radio"/> Culture DFA Ag positive Four-fold serologic change (titers) <input type="radio"/> <i>Listeria monocytogenes</i> (1) Culture PCR <input type="radio"/> Mercury poisoning Urine ≥ 35 µg/g creatinine µg/g Blood ≥ 15 µg/L µg/L <input type="radio"/> Monkeypox virus PCR Sequencing Clade I Clade II <input type="radio"/> Orthopoxvirus PCR Sequencing IHC IgM anti-OPV <input type="radio"/> Mumps virus (11) (titer) <input type="radio"/> <i>Mycobacterium leprae</i> <input type="radio"/> <i>Mycobacterium tuberculosis</i> Related Testing (1) <input type="radio"/> AFB Smear Positive Negative <input type="radio"/> If positive Rare Few Numerous <input type="radio"/> NAAT Positive Negative Indeterminate <input type="radio"/> Culture <i>Mycobacterium tuberculosis</i> Non-TB <i>Mycobacterium</i> spp. <input type="radio"/> <i>Neisseria gonorrhoeae</i> PCR TMA Culture <input type="radio"/> <i>Neisseria meningitidis</i> , invasive (1,4) Culture Other: <input type="radio"/> Neonatal bacterial sepsis (3,12) Genus spp. <input type="radio"/> Oropouche virus <input type="radio"/> <i>Plasmodium</i> spp. (1,3) <input type="radio"/> Poliovirus <input type="radio"/> Powassan virus <input type="radio"/> Rabies virus <input type="radio"/> <i>Rickettsia rickettsii</i> PCR IgG ≥ 1:128 only Culture <input type="radio"/> <i>akari</i> <i>parkeri</i> <i>rickettsii</i> <i>rickettsii</i> (sub-spp. <i>californica</i>) <input type="radio"/> Respiratory syncytial virus <input type="radio"/> Rubella virus (11) (titer) <input type="radio"/> Rubeola virus (Measles) (11) (titer) PCR <input type="radio"/> St. Louis encephalitis virus <input type="radio"/> <i>Salmonella</i> (1,3) (serogroup & type) Culture PCR <input type="radio"/> SARS-CoV (1) IgM/IgG PCR Other: <input type="radio"/> SARS-CoV-2 (13) NAAT Antigen <input type="radio"/> Shiga toxin (1) Stx1 Stx2 Type Unkn PCR EIA <input type="radio"/> <i>Shigella</i> (1,3) (serogroup/spp.) Culture PCR <input type="radio"/> <i>Staphylococcus aureus</i> , invasive (4) Culture Other: <input type="radio"/> methicillin-resistant methicillin-sensitive <input type="radio"/> <i>Staphylococcus aureus</i> , vancomycin MIC ≥ 4 µg/mL (1) <input type="radio"/> MIC to vancomycin µg/mL <input type="radio"/> <i>Staphylococcus epidermidis</i> , vancomycin MIC ≥ 32 µg/mL (1) <input type="radio"/> MIC to vancomycin µg/mL <input type="radio"/> <i>Streptococcus pneumoniae</i> Culture (1,4) Urine antigen Other: <input type="radio"/> <i>Treponema pallidum</i> (14) RPR (titer) FTA EIA <input type="radio"/> VDRL (titer) TPPA <input type="radio"/> <i>Trichinella</i> <input type="radio"/> Varicella-zoster virus Culture PCR DFA Other: <input type="radio"/> <i>Vibrio</i> spp. (1,3) Culture PCR <input type="radio"/> West Nile virus <input type="radio"/> Yellow fever virus <input type="radio"/> <i>Yersinia [non-pestis]</i> spp. (3) Culture PCR <input type="radio"/> Zika virus <input type="radio"/> BIOTERRORISM AGENTS (15) <input type="radio"/> <i>Bacillus anthracis</i> (1) <input type="radio"/> <i>Brucella</i> spp. (1) <input type="radio"/> <i>Burkholderia mallei</i> (1) <input type="radio"/> <i>Burkholderia pseudomallei</i> (1) <input type="radio"/> <i>Clostridium botulinum</i> <input type="radio"/> <i>Coxiella burnetii</i> (1) <input type="radio"/> <i>Francisella tularensis</i> (1) Ricin <input type="radio"/> <i>Staphylococcus aureus</i> -enterotoxin B <input type="radio"/> <i>Variola</i> virus (1) <input type="radio"/> Viral agents of hemorrhagic fevers <input type="radio"/> Venezuelan equine encephalitis virus <input type="radio"/> <i>Yersinia pestis</i> (1)

Form OL-15C Footnotes

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 μ 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

Persons Required to Report Significant Laboratory Findings

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 diphtheriae</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. ¹ Submit one isolate per specimen source per collection date.	
Group A <i>Streptococcus</i> , invasive	From sterile sites. ¹ Submit one isolate per specimen source per collection date.	
Group B <i>Streptococcus</i> , invasive	Cases <1 year of age only; from sterile sites. ¹ Submit one isolate per specimen source per collection date.	
Human papilloma virus	Upon request from DPH, submit fixed tissue from the diagnostic specimen for HPV typing.	
<i>Haemophilus influenzae</i> , invasive	From sterile sites. ¹ 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. ¹ 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 ≥ 4 μ 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 ≥ 32 μ 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. ¹ 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>Coxiella burnetii</i>	Call DPH immediately
<i>Brucella</i> spp.	<i>Francisella tularensis</i>	Weekdays: (860) 509-7994
<i>Burkholderia mallei</i>	Variola virus	Evenings, weekends, holidays: (860) 509-8000
<i>Burkholderia pseudomallei</i>	<i>Yersinia pestis</i>	Submit all specimens.

¹ 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.

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