

PATIENT INFORMATION

Patient Name (Last) (First) (Middle) Date of Birth Age

Address City State Zip Code Phone #

Race (Check all that apply)
 American Indian/Alaska Native
 Asian Black/African American
 Native Hawaiian/Other Pacific Islander
 White Other Race: _____
 Unkn Refused

Ethnicity
 Hispanic/Latino
 Non-Hispanic/Latino
 Unkn

Sex at Birth
 Male
 Female
 Unkn

Current Gender Identity
 Male Transgender male-to-female (MTF)
 Female Transgender female-to-male (FTM)
 Nonbinary Other Gender: _____

Occupation Workplace Workplace Address

ORDERING PROVIDER

Last Name First Name

Facility Name Phone #

Provider Address

Provider City State Zip Code

Hospital Medical Record #

LABORATORY INFORMATION

Submitting Laboratory Name Person Reporting: Lab Phone # Date OL-15C Completed Date Reported to MD Specimen sent to State Lab?

Lab City Lab State Collection Date Date Tested Result Date Lab Specimen # Source/Specimen Type

Yes
 No

Anaplasma phagocytophilum PCR IgG ≥1:128 only
 Babesia IFA IgM (titer) IgG (titer)
 Blood smear PCR Other: _____
 microti divergens duncani Unspciated

Blastomyces spp
Bordetella pertussis (titer)
 Culture (1) DFA PCR
 Non-pertussis *Bordetella* (1) spp

Borrelia burgdorferi (2)
Borrelia mayonii
Borrelia miyamotoi
California group virus (3) spp
Campylobacter (3) spp Culture PCR EIA
Candida auris [report samples from all sites] (1)
Candida [blood isolates only] (1,3) spp
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) PCR TMA
Clostridium difficile (6)
Corynebacterium diphtheria (1)
Cronobacter (3) spp
Cryptosporidium (3) spp PCR DFA
 EIA Microscopy Other: _____
Cyclospora (3) spp 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 (4, 5)
Giardia (3) spp
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: IgM anti-HAV (7) NAAT Positive (7)
ALT Total Bilirubin Not Done
Hepatitis B:
HBsAg (8) Pos Neg IgM anti-HBc Pos Neg
HBeAg (2) Pos Neg HBV DNA (2)
anti-HBs (8) Pos (titer) Neg
Hepatitis C (9):
Anti-HCV Pos Neg
PCR TMA Other Genotype _____
Herpes simplex virus (infants < 60 days of age)
 Culture PCR IFA Ag detection

Histoplasma capsulatum EIA Culture Other: _____

HIV-Related Testing (Report only to the State) (10)
 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) (11)
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)(12)
 Fingerstick µg/dL Venous µg/dL

Legionella spp
 Culture (1) 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 (13) (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 (test type)
Neisseria meningitidis, invasive (1,4) Culture Other: _____
Neonatal bacterial sepsis (3,14) Genus spp
Plasmodium (1,3) spp
Poliovirus
Powassan virus
Rabies virus
Rickettsia rickettsii PCR IgG ≥1:128 only Culture
Respiratory syncytial virus
Rubella virus (13) (titer)
Rubeola virus (Measles) (13) (titer) PCR
St. Louis encephalitis virus
Salmonella (1,3) (serogroup & type)
 Culture PCR

SARS-CoV (1) IgM/IgG PCR Other: _____
SARS-CoV-2 NAAT Antigen
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 (15)
Bacillus anthracis (1) Ricin
Brucella spp (1) *Staphylococcus aureus*-enterotoxin B
Burkholderia mallei (1) Variola virus (1)
Burkholderia pseudomallei (1) Viral agents of hemorrhagic fevers
Clostridium botulinum Venezuelan equine encephalitis virus
Coxiella burnetii *Yersinia pestis* (1)
Francisella tularensis

Footnotes

- Send isolate/specimen to the State Public Health 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.
- Only laboratories with electronic file reporting are required to report positive results.
- Specify species/serogroup/serotype.
- 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. For CRE, CRAB and CRPA also include urine or sputum; for CRAB and CRPA, also include wounds.
- Send isolate/specimen to DPH Laboratory for infants <1 year of age or upon request from DPH.
- Report all *C. difficile* positive stool samples by electronic reporting or upon request from DPH.
- Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done."
- Negative HBsAg and all anti-HBs results only reportable in children ≤ 2 years old.
- Report positive Antibody, and all RNA and Genotype results.
- 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.
- Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
- 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.
- Report all IgM positive titers; only report IgG titers considered significant by the lab that performed the test.
- Report all bacterial isolates from blood or CSF from infants <3 days of age.
- Call DPH: Weekdays (860) 509-7994
Evenings, weekends, holidays (860) 509-8000

Reportable Finding	Which specimens should be submitted?
<i>Bordetella pertussis</i> and non-pertussis <i>Bordetella</i> spp.	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.	Blood isolates only. Submit all <i>C. glabrata</i> and <i>C. auris</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.
CRPA	See detailed guidance for multidrug resistant organisms.
<i>Corynebacterium diphtheria</i>	Submit all isolates.
<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 issue 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. If tested by non-culture methods, send isolate if available from reflex culture; send stool specimen if no isolate available.
<i>Staphylococcus aureus</i> , vancomycin MIC ≥ 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 ≥ 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. 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.
<i>Yersinia</i> spp., not pestis	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> Variola virus <i>Yersinia pestis</i>	Call DPH immediately. Weekdays: (860) 509-7994. Evenings, weekends, holidays: (860) 509-8000. 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.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Manisha Juthani, MD
Commissioner



Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

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.



State of Connecticut
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