

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
Occupation Workplace Workplace Address

ORDERING PROVIDER

Last Name First Name Phone
Facility Name
Provider Address
Provider City State Zip
Hospital Medical Record #

LABORATORY INFORMATION

Submitting Laboratory Name Lab Specimen # OL-15C Completed
Person Reporting Lab Phone
Lab City & State Source/Specimen Type
Collection Tested Specimen sent to State Lab?
Result Reported

- Anaplasma phagocytophilum IgG ≥ 1:128 only PCR
Babesia IgG ≥ 1:256 only Blood smear PCR
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 Enterobacteriales (CRE) (1,3,4)
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. in infants < 1 year (3)
Cryptosporidium spp. (3) PCR DFA
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 (1,4)
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
Hepatitis B (6) ALT Total Bilirubin
HBsAg (7) Pos Neg IgM anti-HBc Pos
HBsAg 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) Francisella tularensis (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 (1) Yersinia pestis (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 ≤ 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

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 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. 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. |
| <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. |
| 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> |
| 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.

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.