

Eurofins Biomnis, Three Rock Road, Sandyford Business Estate,
Dublin 18, D18 A4C0 Tel: +353 1 295 8545 | Fax: +353 1 295
8550 | Email: sales@ctie.eurofinseu.com

PATIENT DETAILS

Surname: First name:
Date of birth: Gender: ☐ F ☐ M
Post code: City: Country:

REQUESTING PHYSICIAN/REFERRING LABORATORY

Name:
Hospital/Dept:
Post code: City: Country:
Tel.: Fax:

SAMPLE

Sample type: ZIKA

Sample date:

☐ Urines ☐ CSF ☐ Blood or blood derivatives
☐ Sperm ☐ Saliva ☐ Amniotic fluid

CLINICAL SYMPTOMS

Date symptoms started:

☐ Fever ☐ Arthralgia(s) ☐ Myalgia(s) ☐ No symptoms ☐ Neurological signs
☐ Headache(s) ☐ Retro-orbital pain(s) ☐ Lomalgia(s) ☐ Skin rash

Others:

CLINICAL CONTEXT

☐ Pregnancy: ☐ YES ☐ NO

Conception date: or Last menstruation period:

☐ Infertility (AHR): ☐ YES ☐ NO

CLINICAL INFORMATION

Time between the beginning of clinical symptoms and sample date:

Zika		
Test Name	Test Code	Select
PCR in blood and urine - between Day 0 and Day 7	ZIKAP	<input type="checkbox"/>
PCR in urine and semen - between Day 7 and Day 10	ZIKA	<input type="checkbox"/>
Serology antibodies - after Day 30	ZIKAS	<input type="checkbox"/>

Please proceed with the test request according to the clinical context.

Does the patient live in an area where Zika virus is endemic? ☐ YES ☐ NO

If so, please confirm the country or the geographic area (Zika)?

Had the patient been abroad, 15 days prior to the appearance of symptoms? ☐ YES ☐ NO Date of return:

If yes, in which country?

Please confirm the country where the patient lives:

**** list of the countries affected by Zika virus (Source: ECDC):**

Barbados, Bolivia, Brazil, Cape Verde, Colombia, Costa Rica, Curaçao, Dominican Republic, Ecuador, Fiji, French Guiana, Guadeloupe, Guatemala, Guyana, Haiti, Honduras, Maldives, Marshall Islands, Martinique, Mexico, New Caledonia, Nicaragua, Panama, Paraguay, Puerto Rico, Saint Martin, El Salvador, Samoa, Solomon Islands, Suriname, Thailand, Tonga, Trinidad and Tobago, Venezuela and US Virgin Islands