CONFIDENTIAL DOCUMENT
INFORMATION RELATED TO THE PATIENT'S MEDICAL CONDITION

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Clinical Information Form
Dengue / Chikungunya / West Nile / Zika

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PRESCRIBING CLINICIAN/REFERRING LABORATORY

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

PATIENT DETAILS

First name(s): ..... Surname: ..... Maiden name: .....
Date of birth: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋ Gender: ☐ F ☐ M
Post code: ⌊_⌊_⌊_⌊_⌊_⌋ City: ..... Country: .....

TYPE OF SAMPLING

Sample date: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋

DENGUE / CHIKUNGUNYA

☐ Blood ☐ Serum
☐ Plasma

WEST NILE

☐ Serum ☐ CSF
☐ Plasma ☐ Urines

ZIKA

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

CLINICAL SYMPTOMS

Date symptoms started: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌊_⌊_⌋

☐ Fever ☐ Arthralgia(s) ☐ Myalgia(s) ☐ No symptoms
☐ Headache(s) ☐ Retro-orbital pain(s) ☐ Lombalgia(s) ☐ Skin rash ☐ Neurological signs
Others: .....

CLINICAL CONTEXT

☐ **Pregnancy:** ☐ YES ☐ NO Conception date: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌋ **or** Last menstruation period: ⌊_⌊_⌋⌊_⌊_⌋⌊_⌊_⌋
☐ **Infertilty (AHR):** ☐ YES ☐ NO

CLINICAL INFORMATION

Time between the beginning of clinical symptoms and sample date:

DENGUE / CHIKUNGUNYA

☐ D0-D7 (in the blood or its derivatives)
☐ D5-D7 (RT-PCR + serology)
☐ > D7 (serology)

WEST NILE

☐ D0-D7 (RT-PCR in plasma, serum, urine, CSF) (up to D14 in immunocompromised patients)
☐ D5-D7 (RT-PCR + serology)
☐ > D7 (serology)
☐ Pregnant or breastfeeding women
☐ Cell, tissue or organ transplant donors

ZIKA

☐ D0-D7 (RT-PCR in blood and urines)
☐ D7-D10 (RT-PCR in urines)
☐ > D5 (serology)
☐ Sperm

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

Does the patient live in the endemic areas?** ☐ 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?
If the patient has not travelled recently, does the patient lives in a country where an annual anti-dissemination plan is scheduled? ☐ YES ☐ NO ☐ Not applicable
If Not Applicable, please confirm the country where the patient lives: .....

*** list of the countries affected by Zika virus in the past 9 months (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

R28-INTGB - August 2019