

PLEASE NOTE: THIS IS NOT A TEST REQUEST FORM.
The information below is required to perform Zika Virus IgM Antibody Capture (MAC) by ELISA testing.
For manual orders only, please fill out and submit with requisition and specimen.

PATIENT HISTORY FOR ZIKA VIRUS IGM ANTIBODY TESTING

PATIENT INFORMATION

Patient's Last Name: _____ First Name: _____ MI: _____
Birth Date: _____ Gender: Male Female
Physician (last, first): _____
Physician Phone: (_____) _____ Referring Physician Fax: (_____) _____
Referring Diagnosis: _____

ZIKA VIRUS IGM ANTIBODY CAPTURE (MAC) BY ELISA (ZIKA M) ELIGIBILITY

ARUP needs additional information to perform Zika Virus IgM Antibody Capture (MAC) by ELISA testing. Criteria set forth by the FDA for testing according to Emergency Use Authorization (EUA) requires that the following three questions be answered before testing can be performed. Please respond with a yes or no to these questions as they pertain to the patient's history.

1. Is the patient pregnant? Yes No
2. Has the patient been exposed to the Zika virus? Yes No
3. Are the patient's symptoms consistent with the Zika virus? Yes No