

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 Name _____ Date of Birth _____ Gender [] Female [] Male
Physician _____ Physician's Phone (_____) _____
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

If the required information cannot be provided electronically, or faxed to Microbial Immunology I (801) 584-5172, then please submit this patient history form with the sample. If you have any questions, contact ARUP Client Services at (800) 242-2787 and reference key words *patient history form*.

Master Label