

Laboratory Report of Significant Findings

Connecticut Department of Public Health
410 Capitol Avenue, MS #11FDS
P.O. Box 340308
Hartford, CT 06134-0308

Diseases Relating to Public Health - Form OL-15C
For information or to order forms call: (860) 509-7994 (rev. 1/2010)

Patient Last Name: _____ **First:** _____ **D.O.B.:** _____ **Age:** _____
Street Address: _____ **City:** _____ **State/Zip Code:** _____
Patient Telephone: _____ **Sex:** Male Female **Hispanic/Latino:** Yes No Unknown
Race: White Black/African Amer. Asian Amer. Indian/Alaska Nat. Nat. Hawaiian/Other Pacific Islander Other Unk.
Occupation: _____ **Name and address of workplace:** _____
Attending Physician Last Name: _____ **First:** _____
Address: _____ **Telephone:** _____

Person Reporting: _____
Lab Telephone: _____
Submitting Laboratory: (name/address or label) _____

Specimen collection date: _____
Date laboratory finding reported to physician: _____
Date OL-15C completed: _____
Hospital Chart No: _____ **Lab No:** _____
Source/Type specimen: _____
Submitted to state lab: (see reverse) Yes No

- AIDS (report only to the State)**
 - CD4+ counts < 200 cells/μL _____ < 14% _____
- Arbovirus infection
 - California group virus (species) _____
 - Eastern equine encephalitis virus
 - St. Louis encephalitis virus
 - West Nile virus infection
- Babesiosis
 - IFA IgM (titer) _____ IgG (titer) _____
 - Blood smear PCR Other _____
- Carboxyhemoglobin ≥ 9% _____ % COHb
- Chancroid
- Chickenpox, acute IgM Culture
 - PCR DFA Other _____
- Chlamydia (*C. trachomatis*) (test type) _____
- Creutzfeldt-Jakob disease, age < 55 years (biopsy)
- Diphtheria ¹
- Ehrlichiosis/Anaplasmosis ²
 - A. phagocytophilum* *E. chaffeensis* Unspecified
 - IFA IgM (titer) _____ IgG (titer) _____
 - Blood smear PCR Other _____
- Enterococcal infection, vancomycin-resistant ^{2,3} _____
- Giardiasis
- Gonorrhea (test type) _____
- Group A streptococcal disease, invasive ³
- Group B streptococcal disease, invasive ³
- Haemophilus influenzae* disease, invasive, all serotypes ^{1,3}
- Hansen's disease (Leprosy)
- Hepatitis A IgM anti-HAV ¹
- Hepatitis B HBsAg IgM anti-HBc ¹
- Hepatitis C (anti-HCV) Ratio: _____ RIBA PCR ⁴
- Herpes simplex virus (infants ≤ 60 days of age) (specify type) _____
 - Culture PCR IFA Ag detection
- HIV genotype (electronic file) (report only to the State) ⁵
- HIV infection (report only to the State) ⁵
 - Western Blot ¹
 - HIV Viral Load: _____ copies/mL Not Detectable
- HPV (report only to the State) ⁶
 - Biopsy proven CIN2 CIN3 AIS
 - or their equivalent, specify: _____
- Influenza Rapid test Type A Type B Type Unk.
 - RT-PCR Type A Type B Type Unk.
 - Culture-conf. Type A Type B Type Unk.
- Lead poisoning (blood lead ≥ 10 μg/dL) ⁷
 - Finger stick lead level _____ μg/dL
 - Venous lead level _____ μg/dL
- Legionellosis
 - Culture DFA Ag positive
 - Four-fold serologic change (titers) _____
- Lyme disease ⁸
- Malaria/blood parasites ^{1,2} _____
- Measles (Rubeola) (titer) ⁹ _____

- Meningococcal disease, invasive ^{1,3}
- Mercury poisoning
 - Urine ≥ 35 μg/g creatinine _____ μg/g
 - Blood ≥ 15 μg/L _____ μg/L
- Mumps (titer) _____
- Neonatal bacterial sepsis spp ¹⁰ _____
- Pertussis (titer) _____
 - DFA Smear Positive Negative
 - Culture Positive Negative
- Pneumococcal disease, invasive ^{1,3}
 - Oxacillin disk zone size _____ mm
 - MIC to penicillin _____ μg/mL
- Poliomyelitis
- Rabies
- Rocky Mountain spotted fever
- Rubella (titer) _____
- SARS-CoV infection ¹ IgM/IgG
 - PCR _____ (specimen) Other _____
- Staphylococcus aureus* infection with MIC to vancomycin ¹
 - ≥ 4 μg/mL MIC to vancomycin _____ μg/mL
- Staphylococcus aureus* disease, invasive ³
 - methicillin-resistant Date pt. admitted ____/____/____
- Staphylococcus epidermidis* infection with MIC to vancomycin ¹
 - ≥ 32 μg/mL MIC to vancomycin _____ μg/mL
- Syphilis
 - RPR (titer) _____ FTA _____
 - VDRL (titer) _____ MHA _____
- Trichinosis
- Tuberculosis ¹
 - AFB Smear Positive Negative
 - If positive Rare Few Numerous
 - NAAT Positive Negative Indeterminate
 - Culture *Mycobacterium tuberculosis*
 - Non-tuberculosis mycobact.(specify M.) _____
- Yellow Fever

- BIOTERRORISM possible disease indicators**
- Anthrax ^{1, 11}
 - Botulism ¹¹
 - Brucellosis ^{1, 11}
 - Glanders ^{1, 11}
 - Bacillus* species, non-hemolytic, non-motile, from blood or CSF, growth within 32 hours of inoculation ^{1, 11}
 - Melioidosis ^{1, 11}
 - Plague ^{1, 11}
 - Q fever ¹¹
 - Ricin poisoning ¹¹
 - Smallpox ^{1, 11}
 - Staphylococcal enterotoxin B pulmonary poisoning ¹¹
 - Tularemia ¹¹
 - Venezuelan equine encephalitis ¹¹
 - Viral hemorrhagic fever ¹¹

- SPECIFIC DISEASES RELATING TO FOODBORNE ILLNESS ACTIVE SURVEILLANCE NETWORK (FoodNet)**
- Campylobacteriosis (species) _____
 - Cryptosporidiosis (method of ID) _____
 - Cyclosporiasis (method of ID) _____
 - Escherichia coli* O157 infection ¹
 - Listeriosis ¹
 - Salmonellosis ^{1, 2} (serogroup/serotype) _____
 - Shiga-toxin related disease ¹
 - Shigellosis ^{1, 2} (serogroup/species) _____
 - Vibrio* infection ¹ (species) _____
 - Yersiniosis (species) _____

Patient status when specimen collected: Hospitalized Outpatient Unk. If outpatient, was patient later hospitalized? Yes No Unk.
If hospitalized, **Hospital Name:** _____ **Date Admitted:** _____ **Date Discharged:** _____

<p>1. Send isolate, culture, or slide to the State Laboratory for confirmation. For Shiga-toxin, send positive broth. For positive HIV and IgM anti-HAV, send ≥ 0.5 mL residual serum. For positive IgM anti-HBc, send ≥ 0.5 mL residual serum within 6 months.</p> <p>2. Specify species/serogroup.</p> <p>3. Sterile site isolates: defined as 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; includes muscle for group A streptococcus.</p> <p>4. Report all positive anti-HCV with signal to cutoff ratio, all positive RIBA, but only confirmatory PCR tests.</p>	<p>5. Laboratories conducting HIV genotype tests should report the HIV DNA sequence file electronically. Report all positive HIV antibody and antigen tests and all viral load tests (including those with no virus detectable).</p> <p>6. On request from DPH and if adequate tissue is available, send fixed tissue from the specimen used to diagnose CIN2, 3 or cervical AIS or their equivalent for HPV typing according to instructions from DPH.</p> <p>7. Report lead results > 10 μg/dL within 48 hours to the Local Health Director and the DPH; submit ALL lead results at least monthly to the DPH.</p> <p>8. Only laboratories with automated electronic reporting to the DPH are required to report positive results.</p>	<p>9. Report all IgM titers, but only IgG titers that are considered significant by the laboratory performing the test.</p> <p>10. Report all bacterial isolates from blood or CSF obtained from an infant < 7 days old.</p> <p>11. Report by telephone to the DPH, weekdays 860-509-7994; weekends, evenings, and holidays 860-509-8000.</p>
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This form must be completely filled out by the primary laboratory. Excerpts from the regulations of the State of Connecticut are given below.

ANNUAL LIST (*Section 19a-36-A2*)

An annual list of the laboratory reportable significant findings will be prepared and mailed to directors of clinical laboratories licensed, registered, or approved by the Department of Public Health (DPH). Please refer to the current list when reporting findings since the list will be reviewed annually and revised when necessary.

RESPONSIBILITY FOR REPORTING (*Section 19a-36-A3*)

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 forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the DPH on forms provided by the DPH.

REPORTING (*Section 19a-36-A4*)

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;
3. Identity of the infectious agent or other reportable laboratory findings and date of collection;
4. Method of identification.

Reports must be mailed in envelopes marked "**CONFIDENTIAL**" within 48 hours of making the finding to the:

1. **Local Director of Health of town in which the patient resides** (Canary)
AND
2. **Connecticut Department of Public Health** (White)
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
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CONFIRMATION (*Section 19a-36-A3(b)(1)*)

When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit the isolate or specimen from which the finding was made to the Department's laboratory division.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) GUIDELINES

Pursuant to Connecticut General Statutes § 19a-2a and § 19a-215 and to the Regulations of Connecticut State Agencies §§ 19a-36-A3-4 as cited above, the requested information is required to be provided to the Department of Public Health.

Please note that Connecticut General Statutes § 52-146(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorizes you to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation 42 CFR § 164.512(a)] and (ii) as part of the Department's public health activities [HIPAA Privacy regulation § 164.512(b)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 42 CFR § 164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.