

# WEST NILE VIRUS PHENOTYPING FORM

## A. PATIENT INFORMATION

Name \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Address \_\_\_\_\_  
                    Street                    City                    State Zip

Phone number (\_\_\_\_) \_\_\_\_\_

Email address \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_      Gender:      Male    Female  
                    mm    dd      yy

Race:      White    Black    Hispanic      Asian/Pacific Islander  
                    Not Provided      Native American

Contact name (if patient is unable to answer questions) \_\_\_\_\_



**Hospitalized?**      Yes    No

Date admitted: \_\_\_\_\_ Date discharged: \_\_\_\_\_

Hospital: \_\_\_\_\_

Did patient die?      Yes    No

If yes, date expired: \_\_\_\_\_

**MRI or CT scan findings:**

\_\_\_\_\_  
\_\_\_\_\_

**Other modes of transmission (Check if applicable)**

Blood transfusion in 20 days prior to onset of symptoms?

Institution's name: \_\_\_\_\_

Date of transfusion: \_\_\_\_\_

Transplant within 4 weeks prior to onset of symptoms?

Institution's name: \_\_\_\_\_

Date of transplant: \_\_\_\_\_

Patient pregnant during WNV illness? Delivery date: \_\_\_\_\_

Institution's name: \_\_\_\_\_

Any birth defects?      Yes    No

Patient breastfeeding or being breastfed?

Duration: \_\_\_\_\_

**Travel:**

Did the patient travel in the 4 weeks prior to the onset of symptoms? Yes    No

If yes, where? \_\_\_\_\_

Were any immediate family members also infected?      Yes    No

If yes, number and age \_\_\_\_\_

Were these cases confirmed by laboratory testing?      Yes    No

**Patient's physician and phone number:**

\_\_\_\_\_

**C. LABORATORY**

Name of laboratory performing tests: \_\_\_\_\_

Specimen source IgM: **SERUM CSF** (circle one)

IgM serology (EIA/ELISA) Reactive Non-reactive

Test date \_\_\_\_\_

Numerical Value:

**Specimen source IgG: SERUM CSF**

Acute IgG serology (EIA/ELISA) Reactive Non-reactive Test date \_\_\_\_\_

Numerical Value:

Convalescent IgG serology (EIA/ELISA) Reactive Non-reactive Test date \_\_\_\_\_

Numerical Value:

*\*IgM positivity is suggestive of acute infection. IgG positivity alone does not suffice for determining diagnosis. IgG results can cross-react with the other flaviviruses listed above.*

**Spinal Fluid Testing Results:**

Test Date: \_\_\_\_\_ CSF Culture: \_\_\_\_\_

CSF Protein: \_\_\_\_\_ CSF Glucose: \_\_\_\_\_

CSF WBC: \_\_\_\_\_ Differential \_\_\_\_\_

CSF RBC: \_\_\_\_\_ Other \_\_\_\_\_

