



# Campylobacteriosis

County \_\_\_\_\_

Case name (last, first) \_\_\_\_\_  
 Birth date \_\_\_/\_\_\_/\_\_\_ Sex at birth  F  M  Other Alternate name \_\_\_\_\_  
 Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Address type  Home  Mailing  Other  Temporary  Work  
 Street address \_\_\_\_\_  
 City/State/Zip/County \_\_\_\_\_  
 Residence type (incl. Homeless) \_\_\_\_\_ WA resident  Yes  No

## ADMINISTRATIVE

Investigator \_\_\_\_\_  
 LHJ Case ID (optional) \_\_\_\_\_  
 LHJ notification date \_\_\_/\_\_\_/\_\_\_  
**Classification**  Classification pending  Confirmed  
 Not reportable  Probable  Ruled out  Suspect  
 Investigation status  
 In progress  
 Complete  
 Complete – not reportable to DOH  
 Unable to complete Reason \_\_\_\_\_  
 Investigation start date \_\_\_/\_\_\_/\_\_\_  
 Investigation complete date \_\_\_/\_\_\_/\_\_\_  
 Case complete date \_\_\_/\_\_\_/\_\_\_  
 Outbreak related  Yes  No  
 LHJ Cluster ID \_\_\_\_\_ Cluster Name \_\_\_\_\_

## DEMOGRAPHICS

Age at symptom onset \_\_\_\_\_  Years  Months  
**Ethnicity**  Hispanic or Latino  Not Hispanic or Latino  Unk  
**Race** (check all that apply)  Unk  Amer Ind/AK Native  
 Asian  Black/African Amer  Native HI/other PI  
 White  Other \_\_\_\_\_  
 Primary language \_\_\_\_\_  
 Interpreter needed  Yes  No  Unk  
 Employed  Yes  No  Unk Occupation \_\_\_\_\_  
 Industry \_\_\_\_\_ Employer \_\_\_\_\_  
 Work site \_\_\_\_\_ City \_\_\_\_\_  
 Student/Day care  Yes  No  Unk  
 Type of school  Preschool/day care  K-12  College  
 Graduate School  Vocational  Online  Other  
 School name \_\_\_\_\_  
 School address \_\_\_\_\_  
 City/State/County \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone number \_\_\_\_\_ Teacher's name \_\_\_\_\_

## REPORT SOURCE

**Initial report source** \_\_\_\_\_  
 LHJ \_\_\_\_\_  
 Reporter organization \_\_\_\_\_  
 Reporter name \_\_\_\_\_  
 Reporter phone \_\_\_\_\_  
 All reporting sources (list all that apply)  
 \_\_\_\_\_  
 \_\_\_\_\_

## COMMUNICATIONS

Primary HCP name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 OK to talk to patient (If Later, provide date)  
 Yes  Later \_\_\_/\_\_\_/\_\_\_  Never  
 Date of interview attempt \_\_\_/\_\_\_/\_\_\_  
 Complete  Partial  Unable to reach  
 Patient could not be interviewed  
 Alternate contact  Parent/Guardian  Spouse/Partner  
 Friend  Other \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_

## CLINICAL INFORMATION

Complainant ill  Yes  No  Unk Symptom Onset \_\_\_/\_\_\_/\_\_\_  Derived Diagnosis date \_\_\_/\_\_\_/\_\_\_  
 Illness duration \_\_\_\_\_  Days  Weeks  Months  Years Illness is still ongoing  Yes  No  Unk

### Clinical Features

#### Signs and Symptoms

**Y N Unk**  
   **Diarrhea** (3 or more loose stools within a 24 hour period) Onset date \_\_\_/\_\_\_/\_\_\_  
   Bloody diarrhea  
   Abdominal pain or cramps  
   Nausea  
   Vomiting  
   Any fever, subjective or measured Temp measured?  Yes  No Highest measured temp \_\_\_\_\_°F  
   Focal infection

#### Complications

**Y N Unk**  
   Guillain-Barre syndrome  
   Bacteremia  
   Reactive arthritis

**Hospitalization**

**Y N Unk**

- Hospitalized at least overnight for this illness Facility name \_\_\_\_\_  
Hospital admission date \_\_\_/\_\_\_/\_\_\_ Discharge \_\_\_/\_\_\_/\_\_\_ HRN \_\_\_\_\_
- Admitted to ICU Date admitted to ICU \_\_\_/\_\_\_/\_\_\_ Date discharged from ICU \_\_\_/\_\_\_/\_\_\_
- Still hospitalized As of \_\_\_/\_\_\_/\_\_\_

**Y N Unk**

- Died of this illness Death date \_\_\_/\_\_\_/\_\_\_ *Please fill in the death date information on the Person Screen*

**RISK AND RESPONSE (Ask about exposures 10 days before symptom onset)**

**Travel**

	Setting 1	Setting 2	Setting 3
Travel out of:	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> County/City _____ <input type="checkbox"/> State _____ <input type="checkbox"/> Country _____ <input type="checkbox"/> Other _____
Destination name	_____	_____	_____
Start and end dates	___/___/___ to ___/___/___	___/___/___ to ___/___/___	___/___/___ to ___/___/___

**Risk and Exposure Information**

**Y N Unk**

- Is case a recent foreign arrival (e.g., immigrant, refugee, adoptee, visitor) Country \_\_\_\_\_
- Does the case know anyone else with similar symptoms or illness  
Onset date, shared meals, relationship, etc. \_\_\_\_\_
- Contact with lab confirmed case
  - Household
  - Sexual
  - Other \_\_\_\_\_
- Attends childcare or preschool Location/details \_\_\_\_\_
- Contact with diapered or incontinent child or adult

**Food Exposure - Food exposure timeframe: 1-10 days prior to onset of illness**

**Sources of food IN home - During exposure timeframe did you (your child) eat foods from:**

- (1) Grocery stores or supermarkets
- (2) Home delivery grocery services (CSA, grocery delivery, Amazon Fresh, Peapod, etc)
- (3) Fish or meat specialty shops (butcher shop, etc)
- (4) Warehouse stores (Costco, Sam's Club, etc.)
- (5) Meal delivery services (Blue Apron, Meals on Wheels, Schwan's, NutriSystem, etc)
- (6) Live animal market, custom slaughter facility
- (7) Small markets/mini markets (convenience stores, gas stations, etc)
- (8) Health food stores or co-ops
- (9) Ethnic specialty markets (Mexican, Asian, Indian)
- (10) Farmers markets, roadside stands, open-air markets, food purchased directly from a farm
- (11) Other \_\_\_\_\_

Type of Business (enter number next to choices above)	Business name	Address/location

**Sources of food outside home - During exposure timeframe did you (your child) eat foods from:**

- (1) Fast casual (Chipolte, Panera, etc)
- (2) Fast food (McDonald's, Burger King, Wendy's)
- (3) Sandwich shop, deli
- (4) Jamaican, Cuban, or Caribbean
- (5) Ready-to-eat prepared food from grocery or deli
- (6) An event where food was served (catered event, festival,
- (10) Chinese, Japanese, Vietnamese, other Asian-style
- (11) All-you-can-eat buffet
- (12) Breakfast, brunch, diner, or café
- (13) Middle Eastern, Greek/Mediterranean, Arabic, Lebanese, African
- (14) Any takeout from a restaurant

- church, or community meal)  (15) Healthy restaurant (vegetarian, vegan, salad-based)
- (7) Mexican, Salvadorian, other Hispanic/Latino-style  (16) Salad bar at a grocery store or restaurant
- (8) Food trucks, food stalls/stands  (17) Other \_\_\_\_\_
- (9) School, hospital, senior center, or other institutional setting

Type of Business (enter number next to choices above)	Restaurant/venue name	Date	Time of meal (Breakfast, Brunch, Lunch, Happy Hour, Dinner, Other)	Food ordered/eaten	Address/location
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		
			<input type="checkbox"/> Bfast <input type="checkbox"/> Bru <input type="checkbox"/> Lun <input type="checkbox"/> HH <input type="checkbox"/> Din <input type="checkbox"/> Other		

**Y M N Unk**

Any food sampled (grocery, warehouse stores, food court, etc.) \_\_\_\_\_

**Consumed any of the following during exposure period**

*Meat*

**Y M N Unk**

- Poultry (e.g. chicken, turkey)
- Chicken, cooked whole or as cut chicken pieces/parts  
Place purchased \_\_\_\_\_ Type/variety/brand \_\_\_\_\_
- Ground chicken  
Place purchased \_\_\_\_\_ Type/variety/brand \_\_\_\_\_
- Breaded chicken products, such as chicken tenders/strips/nuggets \_\_\_\_\_
- Stuffed, frozen chicken products, such as chicken kiev or chicken cordon bleu \_\_\_\_\_
- Chicken liver / liver pate
- Turkey, cooked whole or as cut turkey pieces/parts
- Ground turkey
- Other poultry (e.g., duck, game hen, squab) \_\_\_\_\_

*Other processed meat products*

**Y M N Unk**

Other processed meat products (e.g., jerky, deli meats, sausage)

*Miscellaneous meat exposure*

**Y M N Unk**

- Were any of the previously indicated meats/poultry consumed rare, undercooked, or raw?  
 Goat  Lamb  Beef  Pork  Poultry  Wild game meat  Other \_\_\_\_\_
- Handled any raw meat, even if you did not eat it  
 Goat  Lamb  Beef  Pork  Poultry  Wild game meat  Other \_\_\_\_\_
- Poultry present in the household even if not eaten
- Ground beef present in the household even if not eaten

*Eggs and Dairy*

**Y M N Unk**

- Raw/unpasteurized milk (including cow, goat, sheep, etc.)  
Dairy animal type  Cow  Goat  Sheep  Other \_\_\_\_\_  
Type, variety or brand \_\_\_\_\_
- Any raw/unpasteurized milk left over

- Cheese made from raw/unpasteurized milk including homemade, farm-fresh, and door-to-door cheeses  
Type, variety or brand \_\_\_\_\_
- Any raw/unpasteurized cheese left over
- Other raw/unpasteurized dairy product (e.g., yogurt, kefir, ice cream)  
Type, variety or brand \_\_\_\_\_
- Any raw/unpasteurized dairy product left over

**Water Exposure**

- | <b>Y</b>                 | <b>N</b>                 | <b>Unk</b>               | <b>Describe</b>  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Source of drinking water known   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bottled water _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Public water system _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Individual well _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shared well _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Untreated/unchlorinated water (e.g., surface, well, lake, stream, spring) _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any recreational water exposure (e.g., lake, river, pool, waterpark) _____<br>Water site name/location _____<br>Treatment <input type="checkbox"/> Treated <input type="checkbox"/> Untreated <input type="checkbox"/> Unk<br>Type <input type="checkbox"/> Lake <input type="checkbox"/> River <input type="checkbox"/> Pool/hot tub <input type="checkbox"/> Wading pool <input type="checkbox"/> Fountain <input type="checkbox"/> Waterpark<br><input type="checkbox"/> Splash pad/water playground <input type="checkbox"/> Other |

**Animal Exposure**

- | <b>Y</b>                 | <b>N</b>                 | <b>Unk</b>               |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any contact with pet animals at home or elsewhere      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cats or kittens  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dogs or puppies  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pet birds such as parakeets, parrots, cockatiels _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any sick pets _____                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any new household pets in the last month _____         |

- | <b>Y</b>                 | <b>N</b>                 | <b>Unk</b>               |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any contact with pet food or treats   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Raw pet food Type/variety/brand _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pet treats or chews (pig ears, pizzles, rawhide, hooves, etc.) Type/variety/brand _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Prepackaged pet food (canned or dry) Type/variety/brand _____                           |

- | <b>Y</b>                 | <b>N</b>                 | <b>Unk</b>               |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Any contact with farm animals, including chickens or ducks |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Cows or calves   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Baby chicks, ducklings or baby poultry _____               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Adult chickens, turkeys, or other adult poultry _____      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other animal contact _____                                 |

*Animal Settings*

- | <b>Y</b>                 | <b>N</b>                 | <b>Unk</b>               |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Live on a farm or other setting that has farm animals _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Household member works with animals _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Work with animals or animal products (e.g., research, farming, veterinary medicine, animal slaughter) |

*Exposure to any of the following facilities/settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Describe</b>	<b>Type of exposure</b>
Research facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Slaughterhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit
Veterinary facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

*Visited or worked on any of the following settings even if no direct animal contact*

	<b>Y</b>	<b>N</b>	<b>Unk</b>	<b>Location, animals, etc.</b>	<b>Type of exposure</b>
Petting zoo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> Work <input type="checkbox"/> Visit

Zoo	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
Dairy farm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other farm contact	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
Agricultural 'Farm and Feed' store	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
County/state fairs, 4-H events, or similar events where animals are present	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
Pet store or other places where animals are sold or adopted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
Attended any school events, birthday parties, or similar events with animals/pets	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit
Other setting with animals Describe _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Work <input type="checkbox"/> Visit

**Exposure and Transmission Summary**

**Y N Unk**

**Epi-linked to a confirmed or probable case**

**Outbreak related**

Likely geographic region of exposure  In Washington – county \_\_\_\_\_  Other state \_\_\_\_\_  
 Not in US - country \_\_\_\_\_  Unk

International travel related  During entire exposure period  During part of exposure period  No international travel

Suspected exposure type  Foodborne  Waterborne  Animal related  Unk  Other \_\_\_\_\_  
 Describe \_\_\_\_\_

Suspected exposure setting  Day care/Childcare  School (not college)  Doctor's office  Hospital ward  Hospital ER  
 Hospital outpatient facility  Home  Work  College  Military  Correctional facility  Place of worship  
 Laboratory  Long term care facility  Homeless/shelter  International travel  Out of state travel  Transit  
 Social event  Large public gathering  Restaurant  Hotel/motel/hostel  Other \_\_\_\_\_  
 Describe \_\_\_\_\_

Exposure summary \_\_\_\_\_

Suspected transmission type (check all that apply)  Foodborne  Waterborne  Animal related  Unk  
 Other \_\_\_\_\_  
 Describe \_\_\_\_\_

Suspected transmission setting (check all that apply)  Day care/Childcare  School (not college)  Doctor's office  
 Hospital ward  Hospital ER  Hospital outpatient facility  Home  Work  College  Military  
 Correctional facility  Place of worship  Laboratory  Long term care facility  Homeless/shelter  
 International travel  Out of state travel  Transit  Social event  Large public gathering  Restaurant  
 Hotel/motel/hostel  Other \_\_\_\_\_  
 Describe \_\_\_\_\_

**Public Health Issues**

**Y N Unk**

- Household member or close contact in sensitive occupation or setting (HCW, childcare, food)
- Does patient have contact with a day care
- Non-occupational food handling (e.g., potlucks, receptions) during contagious period
- Employed as a food handler
- Employed as a health care worker
- Employed in childcare or preschool

*If needed, enter detailed information in the Transmission Tracking Question Package*

**Public Health Interventions/Actions**

**Y N Unk**

- Exclude case from sensitive occupations (HCW, food, childcare) or situations (childcare) until diarrhea ceases
- Hygiene education provided
- Childcare inspection
- Investigation of raw milk dairy
- Work or childcare restriction for household member
- Restaurant inspection Restaurant name/location \_\_\_\_\_
- Commercial product implicated
- Initiate trace-back investigation
- Letter sent Date \_\_\_/\_\_\_/\_\_\_ Batch date \_\_\_/\_\_\_/\_\_\_
- Any other public health action \_\_\_\_\_

**TRANSMISSION TRACKING**

Visited, attended, employed, or volunteered at any public settings while contagious  Yes  No  Unk

Settings and details (check all that apply)

- Daycare  School  Airport  Hotel/Motel/Hostel  Transit  Healthcare  Home  Work  College  
 Military  Correctional facility  Place of worship  International travel  Out of state travel  LTCF  
 Homeless/shelter  Social event  Large public gathering  Restaurant  Other

	Setting 1	Setting 2	Setting 3	Setting 4
Setting Type (as checked above)				
Facility Name				
Start Date	__/__/__	__/__/__	__/__/__	__/__/__
End Date	__/__/__	__/__/__	__/__/__	__/__/__
Time of Arrival				
Time of Departure				
Number of people potentially exposed				
Details (hotel room #, HC type, transit info, etc.)				
Contact information available for setting (who will manage exposures or disease control for setting)	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk
Is a list of contacts known?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk

*If list of contacts is known, please fill out contact tracing form Question Package*

**TREATMENT**

**Y N Unk**

Did patient receive prophylaxis/treatment

Specify antibiotic \_\_\_\_\_

Treatment start date \_\_/\_\_/\_\_ Treatment end date \_\_/\_\_/\_\_ Number of days actually taken \_\_\_\_\_

**NOTES**

**LAB RESULTS**Lab report information**Lab report reviewed – LHJ** 

WDRS user-entered lab report note \_\_\_\_\_

Submitter \_\_\_\_\_

Performing lab for entire report \_\_\_\_\_

Referring lab \_\_\_\_\_

Specimen**Specimen identifier/accession number** \_\_\_\_\_**Specimen collection date** \_\_\_/\_\_\_/\_\_\_ **Specimen received date** \_\_\_/\_\_\_/\_\_\_**WDRS specimen type** \_\_\_\_\_

WDRS specimen source site \_\_\_\_\_

WDRS specimen reject reason \_\_\_\_\_

Test performed and result**WDRS test performed** \_\_\_\_\_**WDRS test result, coded** \_\_\_\_\_

WDRS test result, comparator \_\_\_\_\_

**WDRS result, numeric only** (enter only if given, including as necessary **Comparator** and **Unit of measure**) \_\_\_\_\_

WDRS unit of measure \_\_\_\_\_

Test method \_\_\_\_\_

WDRS interpretation code \_\_\_\_\_

Test result – Other, specify \_\_\_\_\_

**WDRS result summary**  Positive  Negative  Indeterminate  Equivocal  Test not performed  PendingTest result status  Final results; Can only be changed with a corrected result Preliminary results Record coming over is a correction and thus replaces a final result Results cannot be obtained for this observation Specimen in lab; results pending

Result date \_\_\_/\_\_\_/\_\_\_

**Upload document**Ordering Provider

WDRS ordering provider \_\_\_\_\_

Ordering facility

WDRS ordering facility name \_\_\_\_\_