

Report of West Nile Virus-Positive Blood Donor to the California Department of Public Health

1. Blood Collection Facility:
 - a. Name: _____
 - b. Address: _____ Zip Code _____
 - c. Telephone number: (_____) _____ - _____
 - d. Contact person: _____

2. Blood Unit Identification Number: _____

3. Date of Collection: ____/____/____

4. Donor's name: _____

5. Case identification number assigned by the blood center _____
(This tracking code should be different from the index blood unit identification number or other operational identification numbers. It is to be used to track the case investigation)

6. Donor's date of birth: __/__/____

7. Donor's gender: M/E

8. Donor's Address: _____ City: _____
ZIP code: _____ Tel: (_____) _____ County: _____

9. This test was confirmed: Y/N If Y, confirmatory test and result: _____

10. NAT #1 S/CO: _____

11. NAT #2 S/CO: _____ (if done)

12. Blood testing laboratory (optional):
Name: _____
Address: _____
Phone: (_____) _____

13. Comments: _____

