



Boston Public Health Commission
 Infectious Disease Bureau
 1010 Massachusetts Avenue
 Boston, MA 02118
 Phone: 617-534-5611 Fax: 617-534-5905

Clinical Laboratory Reporting Form

Case Identification	NAME, LAST		FIRST		GENDER <input type="checkbox"/> male <input type="checkbox"/> female			
	STREET ADDRESS			APT. #	CITY		STATE	ZIP
	PHONE ()		CELL PHONE ()		DOB ____/____/____		AGE	
	RACE <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____							
	ETHNICITY:			PATIENT RECORD #				

Infection/Test	INFECTION:		
	Laboratory Test	Date Obtained	Result
		____/____/____	
		____/____/____	
		____/____/____	
Source of Specimen: <input type="checkbox"/> Pharynx/throat <input type="checkbox"/> Stool <input type="checkbox"/> Anal Canal <input type="checkbox"/> Plasma <input type="checkbox"/> Urethra <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Tissue (specify) _____ <input type="checkbox"/> Cervix <input type="checkbox"/> Spinal Fluid <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Nasopharynx <input type="checkbox"/> Sputum <input type="checkbox"/> Other (specify) _____			

Reporting Laboratory	REPORTING LAB		DATE ____/____/____
	PHONE ()	FAX ()	
	ADDRESS		
	CONTACT PERSON (FOR MORE INFORMATION)		
	PHONE ()	FAX ()	
ORDERING PROVIDER			

This form must be completed by all clinical laboratories.
Fax the completed form to BPHC, confidential fax # (617) 534-5905

The collection of this information is authorized under BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and January 10, 2013). These became effective March 11, 2013.



BOSTON PUBLIC HEALTH COMMISSION (BPHC)
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IN ACCORDANCE WITH THE BOSTON PUBLIC HEALTH COMMISSION DISEASE SURVEILLANCE AND REPORTING REGULATIONS (Section 4.00), **EVIDENCE OF INFECTION* DUE TO THE FOLLOWING ORGANISMS IS REPORTABLE IN BOSTON BY ALL LABORATORIES DIRECTLY TO BPHC**

*Evidence of infection includes results from cultures, specific antigen or genomic tests, histology, other microscopy, and clinically-relevant serologic tests.

REPORT SUSPECT OR CONFIRMED CASES IMMEDIATELY BY PHONE:
Telephone: (617) 534-5611

- *Bacillus anthracis* (Anthrax)
- *Brucella* sp.
- *Clostridium botulinum*
- *Clostridium tetani*
- Coronavirus, novel
- *Corynebacterium diphtheriae*
- *Francisella tularensis*
- Hantavirus
- Hepatitis A virus (IgM positive only)
- Influenza A virus, novel
- Measles virus (IgM, PCR, or culture positive)
- *Neisseria meningitidis* (from a normally sterile site)
- Poliovirus
- Poxvirus infections in humans, including variola (smallpox), monkeypox, vaccinia, and other orthopox or parapox viruses
- Rabies virus
- Rubella virus (IgM, PCR, or culture positive)
- *Salmonella typhi*
- SARS-associated coronavirus
- *Staphylococcus aureus*, *vancomycin-intermediate (VISA)* or *vancomycin-resistant (VRSA)*
- Viral hemorrhagic fevers, including but not limited to infection caused by Ebola virus, Marburg virus and other filoviruses, arenaviruses, bunyaviruses and flaviviruses
- *Yersinia pestis*

REPORTABLE WITHIN ONE BUSINESS DAY
Telephone: (617) 534-5611 Confidential Fax: (617) 534-5905
Reporting forms are available on-line at www.bphc.org

- *Anaplasma* sp.
- Arbovirus infection, including but not limited to, infection caused by dengue, Eastern Equine Encephalitis virus, West Nile virus and yellow fever virus
- *Babesia* sp.
- *Bordetella pertussis*, *B. bronchiseptica*, *B. holmseii* and *B. parapertussis*
- *Borrelia burgdorferi*
- *Burkholderia mallei* and *pseudomallei*
- *Campylobacter* sp.
- *Chlamydomytila psittaci*
- *Chlamydia trachomatis* (ophthalmic, genital and neonatal infections, lymphogranuloma)
- *Coxiella burnetii*
- *Cryptococcus neoformans*
- *Cryptosporidium* sp.
- *Cyclospora cayetanensis*
- *Ehrlichia* sp.
- *Entamoeba histolytica*
- Enteroviruses
- *Escherichia coli* O157:H7
- *Giardia* sp.
- Group A streptococcus (from a normally sterile site)
- Group B streptococcus (from a normally sterile site)
- *Haemophilus influenzae* (from a normally sterile site)
- Hepatitis B virus
- Hepatitis C virus
- Hepatitis D virus
- Hepatitis E virus
- Human prion disease (evidence of)
- Influenza A&B viruses
- *Legionella* sp.
- *Leptospira* sp.
- *Listeria* sp.
- Lymphocytic choriomeningitis virus
- Mumps virus (IgM, PCR, or culture positive)
- *Mycobacterium leprae*
- *Neisseria gonorrhoeae*
- Noroviruses
- *Plasmodium falciparum*, *P. malariae*, *P. ovale*, *P. vivax*, *P. knowlesi*
- *Rickettsia akari*, *R. prowazekii* and *R. rickettsii*
- *Salmonella* sp. (*non-typhi*)
- Shiga-toxin producing organisms
- *Shigella* sp.
- Simian herpes virus
- *Staphylococcus aureus* enterotoxin producing organisms
- *Streptococcus pneumoniae* (from a normally sterile site)
- *Treponema pallidum*
- *Trichinella spiralis*
- Varicella zoster virus
- *Vibrio* sp.
- *Yersinia* sp.

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