

Virals

Patient ID: _____ - _____ - _____

Virus (see codes below)*	Date of Sample (mm/dd/yy)	Time of Sample (24 hr.)	Test Type 1 = Antibody IgG 2 = Antibody IgM 3 = Antigen 4 = Culture 5 = Hybridization 6 = PCR 7 = Complement Fixation	Result 0 = Negative 1 = Positive 2 = Not Definitive	Source 1 = Blood 2 = Tracheal Aspirate 3 = Urine 4 = Liver Tissue 5 = Stool; rectal swab 6 = Naso-pharyngeal 7 = Cerebrospinal fluid 8 = Bone marrow 9 = Pleural fluid 20= Multi-source -3 = Unknown	System ID	
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* Virus codes:

1 = Adenovirus	5 = EBV	9 = HHV-6	13 = Parvovirus	17 = Toxoplasmosis
2 = CMV	6 = ECHO virus	10 = Influenza A	14 = Rotavirus	18 = Varicella Zoster
3 = Coxsackie A	7 = Enterovirus	11 = Influenza B	15 = RSV	
4 = Coxsackie B	8 = Herpes simplex	12 = Paramyxovirus	16 = Rubella	