Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases 1324 Cañada St. San Juan, Puerto Rico 00920-3860 Tel. (787) 706-2399 FAX (787) 706-2496

## CHECK LIST FOR OBTAINING AND SHIPPING DENGUE DIAGNOSTIC SAMPLES

Type of sample	Interval since date	Type of
	of onset of symptoms	<u>Analysis</u>
Acute	up to 5 days	PCR
Convalescent	6 or more days	Serology

## [ ] Form - Dengue Case Investigation Form

Obtain from the CDC Dengue Branch in San Juan, Puerto Rico or online; <u>Dengue Case Investigation Form</u>. Please indicate on the form if the case is hospitalized. If it is a very severe case, indicate so on the "Comments" section.

Only samples received with the information requested below, and written in a legible manner, will be analyzed:

- Complete name, age, and sex of patient
- Home address
- Date of onset of symptoms
- Date sample was obtained
- Complete name and mailing address of the physician, laboratory, clinic, or hospital

[]	<b>Tube</b> - Red or green top (not violet).
[]	<b>Labeling</b> - Tube and case form must agree (indicate the same name of the case).
[]	Volume - 2 cc. (ml.) of centrifuged serum or plasma
[]	Storage - On ice or in a refrigerator (not in a freezer) until it is delivered to the CDC
	Dengue Branch.
[]	<b>Time of shipment</b> - Not to exceed a month after taking the sample
[]	Way of shipment - Check with local Department of Health.

## Reasons for **REJECTING** samples:

- Samples without form, form without sample
- Incomplete or illegible form especially regarding date of onset of symptoms, date of sample collection
- Hemolyzed or frozen sample, or received more than a month after onset of illness

Dengue Branch, CDC March 28, 2011
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