West Nile virus testing is recommended on individuals with the following:

A. Encephalitis
B. Aseptic meningitis (Note: Consider enterovirus for individuals ≤ 18 years of age)
C. Acute flaccid paralysis; atypical Guillian-Barré Syndrome; transverse myelitis; or
D. Febrile illness compatible with West Nile fever* and lasting ≥ 7 days (must be seen by health care provider):
   * The West Nile fever syndrome can be variable and often includes headache and fever (T>38C). Other symptoms include rash, swollen lymph nodes, eye pain, nausea or vomiting. After initial symptoms, the patient may experience several days of fatigue and lethargy.

INSTRUCTIONS FOR SENDING SPECIMENS

1. **Required specimens:**
   - Acute Serum: ≥ 2cc serum
   - Cerebrospinal Fluid (CSF): 1-2cc CSF if lumbar puncture is performed

2. If West Nile virus is highly suspected and acute serum is negative or inconclusive:
   - 2nd Serum: ≥ 2 cc serum collected 3-5 days after acute serum

   - Refrigerated specimens should be sent on cold pack using an overnight courier
   - If CSF is frozen, send on dry ice (all specimens may be sent on dry ice)
   - Each specimen should be labeled with date of collection, specimen type, and patient name
   - Please do not send specimens on Fridays
   - Send specimens to: Yolo County Public Health Lab
     137 N. Cottonwood St., Suite 1300
     Woodland, CA 95695

**IMPORTANT: THE INFORMATION BELOW MUST BE COMPLETED AND SUBMITTED WITH SPECIMENS**

<table>
<thead>
<tr>
<th>Patient’s last name, first name:</th>
<th>Patient Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age or DOB:</td>
<td>Address ____________________________</td>
</tr>
<tr>
<td>Sex (circle): M F</td>
<td>City ________________ Zip __________ County ________________</td>
</tr>
<tr>
<td>Onset Date:</td>
<td>Phone Number (______) ____________________</td>
</tr>
</tbody>
</table>

Clinical findings:
- Encephalitis
- Meningitis
- Acute flaccid paralysis
- Febrile illness
- Other: __________________________

Other tests requested:

<table>
<thead>
<tr>
<th>Specimen type and/or specimen source</th>
<th>Date Collected</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>1st</td>
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<td>2nd</td>
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<td>3rd</td>
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</tbody>
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Questions? Call (530) 666-8644 (lab direct line)