

ARBOVIROSES

TESTING LABORATORY		SAMPLING	
Customer n°:		Sampling date:	
		☐ EDTA plasma or serum : shipped frozen or +4°C	
		☐ Urine : 1mL shipped at +4°C	
		☐ LCR (500µL) : shipped frozen or +4°C	
Obligatory stamp			

PATIENT	PRESCRIBER
SURNAME	SURNAME
FIRST NAME	FIRST NAME
Maiden name	Address
Address	City Country
City Country	Tél.
Date of birth:	Fax
Gender: ☐ F ☐ M	E-mail address:

DATE OF ONSET OF SIGNS

INDICATION	
CLINICAL OR BIOLOGICAL SIGNS:	
☐ Fever	☐ Hepatic
☐ Skin rash	☐ Arthralgia
☐ Retro-orbital pain	☐ Neurological
☐ Other symptoms? (<i>specify</i>) :	
Pregnancy: ☐ Yes ☐ No If yes, W.A: week.	

STAYS IN THE MONTH BEFORE ONSET OF SYMPTOMS: ☐ Yes ☐ No

Country: From [][][][][][][][] to [][][][][][][][]

SUSPECTED ARBOVIROSES AND COMMENTS:

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CLINICAL INFORMATION	
LEGAL NOTICES	PRIOR INFORMATION TO THE PATIENT <i>In accordance with the Public Health Code and the Data Protection Act, the patient must be informed of the possible use of the collected biological samples and associated data (in the respect of confidentiality) by the NRC (CNR) of Arboviruses and its partners for research purposes, with a view to improving the diagnosis and general knowledge on arboviruses. Any research in the field of human genetics is excluded from this approach.</i> ☐ Tick the box if the patient (or for minors: the holder(s) of parental authority / for adults under guardianship: the guardian) objects to the secondary use of the samples and data collected for arbovirus research by the <i>NRC (CNR)</i>