

Zika Virus Test Template

Patient Information:

Name:

Date of Birth:

Gender:

Contact Information:

Clinical History:

- Date of Symptoms Onset:
- Recent Travel History (if applicable):
- Exposure to Zika-Prone Areas:
- Previous Zika Virus Infection (if known):

Specimen Collection:

Test Details:

1. Molecular Test (RT-PCR):

- Test Date:
- Sample Collection Date:
- Results:
- Interpretation:

2. Serologic Test (Antibody Testing):

- IgM Antibodies:
 - Test Date:
 - Results:
 - Interpretation:

- IgG Antibodies:
 - Test Date:
 - Results:
 - Interpretation:

Interpretation of Results:

Recommendations:

Follow-up:

Notes:

Physician's Name & Signature:

Date:

Contact Information: