

California Department of Public Health (CDPH)  
Vector-Borne Disease Section  
850 Marina Bay Parkway, Richmond, CA, 94804  
(510) 412-4650; Fax (510) 412-6263

**Report of WNV/SLEV-Positive Blood Donor to the CDPH**

1. Blood Collection Facility:
  - a. Name: \_\_\_\_\_
  - b. Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
  - c. Telephone number: (\_\_\_\_) \_\_\_\_\_
  - d. Contact person: \_\_\_\_\_
2. Blood Unit Identification Number: \_W\_\_\_\_\_
3. Date of Collection: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
4. Donor's name: \_\_\_\_\_
5. Case identification number assigned by the blood center \_\_\_\_\_  
(This tracking code should be different from the index blood unit identification number or other operational identification numbers. It is to be used to track the case investigation)
6. Donor's date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_
7. Donor's gender: Male      Female
8. Donor's Address: \_\_\_\_\_  
ZIP code: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_
9. This test was confirmed: Y/N If Y, confirmatory test and result: \_\_\_\_\_
10. NAT #1 S/CO: \_\_\_\_\_
11. NAT #2 S/CO: \_\_\_\_\_ (if done)
12. Blood testing laboratory name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_
13. Comments: \_\_\_\_\_  
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