COLORADO
Disease Control & Environmental Epidemiology Division
Department of Public Health & Environment

Communicable Disease Reporting Form

Disease reported:

Patient Demographics

First Name: | Last Name: | Patient ID/MR #:

Address: | Date of birth:

City: | ZIP code: | County:

Is patient pregnant?
☐ Yes
☐ No
☐ Unknown

Ethnicity:
☐ Hispanic
☐ Non-Hispanic
☐ Unknown

Sex:
☐ Male
☐ Female
☐ Female to Male
☐ Male to Female

Race:
☐ Asian
☐ White
☐ Other
☐ American Indian/Alaskan Native
☐ Pacific/Hawaiian

Physician Information

Physician Name/Practice: | Phone:

Address of Practice: | Fax:

City: | ZIP code: | County:

Laboratory Information (check all that apply)

Lab Accession #: | Testing lab:

Collection date: | Test result date: | Originating lab:

Specimen type:
☐ Blood ☐ Joint fluid
☐ Stool ☐ Bone
☐ Urine ☐ CSF
☐ Other (specify):

Testing performed:

Culture	☐ pos	☐ neg	EIA:	☐ pos	☐ neg
O & P:	☐ pos	☐ neg	PCR:	☐ pos	☐ neg
IgM:	☐ pos	☐ neg	Rapid Antigen:	☐ pos	☐ neg
Other (specify):	☐ pos	☐ neg			

Hepatitis Testing ONLY

A
IgM anti-HAV: ☐ pos ☐ neg
LFT: SGOT/AST: | Alk Phosphate:
SGPT/ALT: | Total Bilirubin:

B
HBsAg: ☐ pos ☐ neg
HBeAg: ☐ pos ☐ neg
IgM anti-HBc: ☐ pos ☐ neg
HBV: ☐ DNA ☐ NAT Quantitative value:

C
HCV Ab: ☐ pos ☐ neg Signal to cut-off value:
Please select test
EIA: ☐ pos ☐ neg Siemen Centaur: ☐ pos ☐ neg
CIA: ☐ pos ☐ neg Elisa: ☐ pos ☐ neg
Other (specify): ☐ pos ☐ neg
HCV RNA by: ☐ PCR ☐ NAT

Donor Centers: Secondary NAT test: ☐ pos ☐ neg

Symptoms/comments:

Reporter Information

Agency: | Person reporting:

Address: | Phone:

Return report to: Colorado Dept of Public Health and Environment | Fax: 303-782-0338 | Alternate fax: 303-691-7753

For questions about completing this form, please call:
LaVelle Fernandez 303-692-2627 | Susma Dahal 303-692-2659 | Ariel Alonso 303-692-2635 | Jennifer Dougan 303-692-6445

For Hepatitis B or C, please contact the Hepatitis Help Line: 303-692-2780