



Reportable Laboratory Findings

Diseases Relating to Public Health - Form OL-15C

For information or to order forms call (860) 509-7994. (rev. 02/13/2020)

Connecticut Department of Public Health

410 Capitol Avenue, MS #11FDS

P.O. Box 340308

Hartford, CT 06134-0308

Patient Last Name: _____ First: _____ D.O.B. _____ Age: _____
Street Address: _____ City: _____ State/Zip Code: _____
Patient Phone: _____ Gender: Male Female Other specify: _____ Hispanic/Latino: Yes No Unk.
Race: White Black/African Amer. Asian Amer. Indian/Alaska Nat. Nat. Hawaiian/Other Pacific Islander
 Other specify: _____ Unknown If patient resides in a LTC facility please check: Yes
Occupation: _____ Name and address of workplace: _____
Attending Physician Last Name: _____ First: _____
Address: _____ Phone: _____

Person Reporting: _____
Lab Phone: _____
Submitting Laboratory: (name/address or label) _____
Specimen collection date: _____
Date laboratory finding reported to physician: _____
Date OL-15C completed: _____
Hospital Chart No: _____ Lab Specimen No: _____
Source/Type specimen: _____
Submitted to state lab: (see reverse) Yes No

- Anaplasma phagocytophilum by PCR only
 Babesia IFA IgM (titer) _____ IgG (titer) _____
 Blood smear PCR Other _____
 microti divergens duncani Unspecified
 Bordetella pertussis (titer) _____
 Culture Non-pertussis Bordetella ¹ (specify) _____
 DFA PCR
 Borrelia burgdorferi ²
 Borrelia miyamotoi
 California group virus ³ spp _____
 Campylobacter ³ spp _____ Culture PCR EIA
 Candida auris [report samples from all sites] ¹
 Candida spp, [blood isolates only]: _____ ^{1,3}
 Carbapenem-resistant Acinetobacter baumannii (CRAB) ^{1,4}
 Carbapenem-resistant Enterobacteriaceae (CRE) ^{1,3,4}
Genus _____ spp _____
 Carboxyhemoglobin ≥ 5% ² _____ % COHb
 Chikungunya virus
 Chlamydia trachomatis (test type) _____
 Clostridium difficile ⁵
 Corynebacterium diphtheria ¹
 Cryptosporidium spp ³ _____ PCR DFA EIA
 Microscopy Other: _____
 Cyclospora spp ³ _____
 PCR Microscopy Other: _____
 Dengue virus
 Eastern equine encephalitis virus
 Ehrlichia chaffeensis PCR IgG ≥1:128 only Culture
 Enterotoxigenic Escherichia coli (ETEC) Culture PCR
 Escherichia coli O157 ¹ Culture PCR
 Giardia spp ³ _____
 Group A Streptococcus, invasive ^{1,4} Culture Other _____
 Group B Streptococcus, invasive ^{1,4} Culture Other _____
 Haemophilus ducreyi
 Haemophilus influenzae, invasive ^{1,4} Culture Other _____
 Hepatitis A virus (HAV): IgM anti-HAV ⁶ NAAT Positive ⁶
ALT _____ Total Bilirubin _____ Not Done
 Hepatitis B HBsAg Positive Negative ⁷
 IgM anti-HBc HBeAg ² HBV DNA ²
anti-HBs ⁷ Positive (titer) _____ Negative
 Hepatitis C virus (HCV) ⁸ Antibody _____
 PCR/NAAT/RNA _____ Genotype: _____
 Herpes simplex virus (infants ≤ 60 days of age)
 Culture PCR IFA Ag detection
 HIV Related Testing (report only to the State) ⁹
 Detectable Screen (IA)
Antibody Confirmation (WB/IFA/Type-diff) ⁹
HIV 1 Positive Negative/Ind HIV 2 Positive Negative/Ind
 HIV NAAT (or qualitative RNA) Detectable Not Detectable
 HIV Viral Load (all results) ⁹ _____ copies/mL
 HIV genotype ⁹
 CD4 count: _____ cells/uL; _____ % ⁹
 HPV (report only to the State) ¹⁰
Biopsy proven CIN2 CIN3 AIS
or their equivalent, (specify) _____
 Influenza virus (report only to the State) Rapid antigen ² RT-PCR
 Type A Type B Type Unknown
 Subtype: _____
 Lead poisoning (blood lead ≥10 µg/dL <48 hrs; 0-9 µg/dL monthly) ¹¹
 Finger stick lead level _____ µg/dL
 Venous lead level _____ µg/dL
 Legionella spp ¹ _____
 Culture DFA Ag positive PCR
 Four-fold serologic change (titers) _____
 Listeria monocytogenes ¹ Culture PCR
 Mercury poisoning
 Urine ≥ 35 µg/g creatinine _____ µg/g
 Blood ≥ 15 µg/L _____ µg/L
 Mumps virus ¹² (titer) _____ PCR
 Mycobacterium leprae
 Mycobacterium tuberculosis Related Testing ¹
AFB Smear Positive Negative
If positive Rare Few Numerous
NAAT Positive Negative Indeterminate
Culture Mycobacterium tuberculosis
 Non-TB mycobacterium (specify M.) _____
 Neisseria gonorrhoeae (test type) _____
 Neisseria meningitidis, invasive ^{1,4}
 Culture Other _____
 Neonatal bacterial sepsis ^{3,13} spp _____
 Plasmodium ^{1,3} spp _____
 Poliovirus
 Powassan virus
 Rabies virus
 Rickettsia rickettsii PCR IgG ≥1:128 only Culture
 Respiratory syncytial virus ²
 Rubella virus ¹² (titer) _____
 Rubeola virus (Measles) ¹² (titer) _____ PCR
 St. Louis encephalitis virus
 Salmonella ^{1,3} (serogroup & type) _____ Culture PCR
 SARS-CoV ¹ IgM/IgG
 PCR _____ (specimen) Other _____
 SARS-CoV-2 ^{1,14}
 Shiga toxin ¹ Stx1 Stx2 Type Unknown
 PCR EIA
 Shigella ^{1,3} (serogroup/spp) _____ Culture PCR
 Staphylococcus aureus, invasive ⁴ Culture Other _____
 methicillin-resistant methicillin-sensitive
 Staphylococcus aureus, vancomycin MIC ≥ 4 µg/mL ¹
MIC to vancomycin _____ µg/mL
 Staphylococcus epidermidis, vancomycin MIC ≥ 32 µg/mL ¹
MIC to vancomycin _____ µg/mL
 Streptococcus pneumoniae
 Culture ^{1,4} Urine antigen Other ⁴ _____
 Treponema pallidum
 RPR (titer) _____ FTA EIA
 VDRL (titer) _____ TPPA
 Trichinella
 Varicella-zoster virus, acute
 Culture PCR DFA Other _____
 Vibrio ^{1,3} spp _____ Culture PCR
 West Nile virus
 Yellow fever virus
 Yersinia, not pestis ^{1,3} spp _____ Culture PCR
 Zika virus
BIOTERRORISM at first clinical suspicion ¹⁴
 Bacillus anthracis ¹ Brucella spp ¹
 Burkholderia mallei ¹ Burkholderia pseudomallei ¹
 Clostridium botulinum Coxiella burnetii
 Francisella tularensis Ricin
 Staphylococcus aureus-enterotoxin B
 Variola virus ¹
 Venezuelan equine encephalitis virus Yersinia pestis ¹

- 1. Send isolate/specimen to DPH Laboratory. Send laboratory report (electronic or paper) on first identification of an organism. For CRE/CRAB, send laboratory report if carbapenem resistance is suggested by laboratory antimicrobial testing. For GBS, send isolate for cases <1 year of age. For Salmonella, Shigella, Vibrio, and Yersinia, (not pestis) tested by non-culture methods, send isolate if available; send stool specimen if no isolate available. For Shiga toxin-related disease, send positive broth or stool specimen.
2. Only laboratories with electronic file reporting are required to report positive results.
3. Specify species/serogroup/serotype.
4. Sterile site: sterile fluids (blood, CSF, pericardial, pleural, peritoneal, joint, or vitreous), bone, internal body site (lymph node, brain, heart, liver, spleen, kidney, pancreas,

- or ovary), or other normally sterile site including muscle. For CRE and CRAB, also include urine or sputum; for CRAB also include wounds.
5. Upon request from the DPH, report all C. difficile positive stool samples.
6. Report peak ALT and Total Bilirubin results if conducted within one week of HAV positive test, if available. Otherwise, check "Not Done".
7. Negative HBsAg and all anti-HBs results only reportable for children ≤ 2 years old.
8. Report positive Antibody, and all RNA and Genotype results. Negative RNA results only reportable by electronic reporting.
9. Report all HIV antibody, antigen, viral load, and qualitative NAAT results. HIV genotype (DNA

- sequence) and all CD4 results are only reportable by electronic file.
10. Upon request from the DPH, send fixed tissue from the diagnostic specimen for HPV typing.
11. Report results ≥ 10 µg/dL within 48 hours to the Local Health Department and DPH; submit ALL lead results at least monthly to DPH only.
12. Report all IgM positive titers, only report IgG titers considered significant by laboratory performing the test.
13. Report all bacterial isolates from blood or CSF from infants ≤ 72 hours of age.
14. Call the DPH, weekdays 860-509-7994; evenings, weekends, and holidays 860-509-8000.



Pursuant to Connecticut General Statutes (CGS) and to the Regulations of Connecticut State Agencies Public Health Code (PHC), the requested information is required to be provided to the Department of Public Health (DPH). This form must be completely filled in by the primary laboratory.

PHC Section 19a-36-A2. List of reportable diseases and laboratory findings

An annual list of the laboratory reportable significant findings will be prepared and furnished to directors of clinical laboratories licensed, registered, or approved by the DPH. Please refer to the current list when reporting findings since the list will be reviewed annually and revised when necessary.

PHC Section 19a-36-A3

Persons required to report reportable diseases and laboratory findings.

CGS Section 19a-215

Commissioner's lists of reportable diseases, emergency illnesses and health conditions and reportable laboratory findings. Reporting requirements. Confidentiality. Fines.

The director of a laboratory that identifies a reportable laboratory finding must report such findings within forty-eight (48) hours to the local director of health of the town in which the affected person normally resides, or, in the absence of such information, of the town from which the specimen originated, and to the DPH on forms provided by the DPH or electronically in a format approved by the DPH Commissioner. The DPH makes reported case information available to the local director of health.

PHC Section 19a-36-A4

Content of report and reporting of reportable diseases and laboratory findings.

Each report must include:

1. full name, address, date of birth, age, gender, race/ethnicity, and occupation of person affected ;
2. full name, address and phone number of the attending physician;
3. identity of the infectious agent or other reportable laboratory findings, and date of collection;
4. method of identification.

Reports must be mailed in envelopes marked "**CONFIDENTIAL**" within 48 hours of identifying the finding to the:

1. Local Director of Health of town in which the patient resides (Canary copy)

AND

2. Connecticut Department of Public Health (White copy)
410 Capitol Avenue, MS#11FDS
P.O. Box 340308
Hartford, CT 06134-0308

(Retain Pink copy for patient's medical record)

PHC Section 19a-36-A3(b)(1)

Persons required to report reportable diseases and laboratory findings.

When a laboratory identifies or presumptively identifies a significant isolate or other finding that requires confirmation by the laboratory as required in the annual list, the director must submit the isolate or specimen from which the finding was made to the DPH's laboratory division.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) GUIDELINES

Pursuant to Connecticut General Statutes (CGS) §19a-2a and §19a-215 and to the Regulations of Connecticut State Agencies Public Health Code (PHC) sections 19a-36-A3 and 19a-36-A4 as cited above, the requested information is required to be provided to the Department of Public Health.

Please note that CGS §52-146o(b)(1) authorizes the release of these records to the Department without the patient's consent. Additionally, the federal Privacy Regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) also authorize you, as a provider, to release this information without an authorization, consent, release, opportunity to object by the patient, as information (i) required by law to be disclosed [HIPAA Privacy regulation 45 CFR §164.512(a)] and (ii) as part of the Department's public health activities [HIPAA Privacy regulation, 45 CFR §164.512(b)(1)(i)]. The requested information is what is minimally necessary to achieve the purpose of the disclosure, and you may rely upon this representation in releasing the requested information, pursuant to 45 CFR §164.514(d)(3)(iii)(A) of the HIPAA Privacy regulations.