



18. Did the patient donate blood in the 30 days prior to symptom onset?

1 Yes 2 No 9 Unknown

If no or unknown, skip to Q. 19 below. Otherwise, continue with 18a, 18b, 18c, and 18d.

18a. Date of blood donation (mm/dd/yyyy):

\_\_\_\_\_

18b. Was the patient a blood donor identified during an investigation into a transfusion-associated infection?

1 Yes 2 No 9 Unknown

18c. If a blood product was implicated in the infection, specify which type(s):

1 Plasma product 2 Platelet product 3 Red blood cells  
4 Unknown 5 Other (please specify in comments)

18d. Was the blood bank/hospital/transplant service notified?

1 Yes 2 No 9 Unknown

19. Performing laboratory name (organization that performed diagnostic testing):

State (postal abbrev.):

20. Serology 1 collection date (mm/dd/yyyy): \_\_\_\_\_

Serology 2 collection date\* (mm/dd/yyyy): \_\_\_\_\_

Serologic Tests	Titer	Results		
IFA - IgG		Positive	Negative	Not performed
IFA - IgM		Positive	Negative	Not performed
Other, specify:		Positive	Negative	Not performed

Serologic Tests	Titer	Results		
IFA - IgG		Positive	Negative	Not performed
IFA - IgM		Positive	Negative	Not performed
Other, specify:		Positive	Negative	Not performed

If additional serology testing performed, please specify in comments.

\*Was there a fourfold change in antibody titer between the two IgG serum specimens?

Yes No

21. Other Diagnostic Tests:

Tests	Date Collected (mm/dd/yyyy)	Specimen Type	Results		
PCR			Positive	Negative	Not performed
Morulae visualization			Positive	Negative	Not performed
Immunostain			Positive	Negative	Not performed
Culture (confirmed by PCR)			Positive	Negative	Not performed

22. If PCR, immunostain, or sequencing performed, specify genus or species identified:

- |   |  |  |
|---|--|--|
| 1 <i>Anaplasma phagocytophilum</i>                  | 6 Genera <i>Ehrlichia</i> / <i>Anaplasma</i> | 10 <i>Rickettsia</i> species 364D                      |
| 2 <i>Ehrlichia chaffeensis</i>                      | 7 <i>Rickettsia africae</i>                  | 11 <i>Rickettsia</i> species (pan- <i>Rickettsia</i> ) |
| 3 <i>Ehrlichia ewingii</i>                          | 8 <i>Rickettsia parkeri</i>                  | 12 Spotted fever group <i>Rickettsiae</i>              |
| 4 <i>Ehrlichia muris eauclairensis</i>              | 9 <i>Rickettsia rickettsii</i>               | 13 Other, specify:                                     |
| 5 <i>Ehrlichia</i> species (pan- <i>Ehrlichia</i> ) |  | _____  |

23. Condition or event that constitutes the reason the notification is being sent:

- |  |  |
|--|--|
| 1 SFR (including RMSF)                     | 4 Ehrlichiosis - <i>E.ewingii</i>              |
| 2 Ehrlichiosis - <i>E. chaffeensis</i>     | 5 Undetermined human ehrlichiosis/anaplasmosis |
| 3 Anaplasmosis - <i>A. phagocytophilum</i> |  |

24. Case Outcome (only confirmed and probable cases to be reported to CDC):

- |             |              |           |
|-------------|--------------|-----------|
| 1 Confirmed | 3 Suspect    | 9 Unknown |
| 2 Probable  | 4 Not a Case |           |

State Health Department Official who reviewed this report:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Title: \_\_\_\_\_ Email address: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: