For LAB use only

Adenovirus Typing Request

Use this form to request urgent genotyping of an adenvirus isolate.

This form should be completed for each adenovirus specimen submitted to the
Center for Emerging Infectious Diseases

Date clinical specimen collected: MM / DD / YY

Sample Identification Number:

1. Why do you request this genotyping? (check all that apply)
   - O To determine appropriate use of antiviral therapy in a very ill patient
   - O To determine viral source (community acquired, nosocomial, transplant, or reactivation of latent virus)
   - O To assist in evaluating an outbreak
   - O Other

2. Initials of person completing this report: date completed: MM / DD / YY

Primary contact **(required)**

Primary contact email **(required)**

Primary contact phone number **(required)**

Billing Information **(required)**

Billing contact email **(required)**

Billing contact phone number **(required)**

If you have any questions, please contact CEID at (319) 335-4981
Thank you

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