Reference Center for Arboviral Disease Testing

Consultation Request Instructions • November 2026

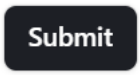
Instructions for Completing the Consultation Request Form

Staff from the Arbovirus Reference Center, CDC Division of Vector-Borne Diseases and APHL are available for consult upon request. Consultations can be requested to discuss results or to review test order options. Complete the online form with as much detail as possible but do not include personally identifiable information (PII) or protected health information (PHI). Once the form is submitted, someone will get back to you via email within one business day to review options or discuss next steps.

Fields marked with a red asterisk * are required

Prompt	Response
Submitter*	Enter the name of the person submitting the form. This should be laboratory staff, epidemiologist or VBD Coordinator.
Submitter Phone Number*	Enter the phone number of the person submitting the form.
Submitter Email*	Enter the email of the person submitting the form.
Jurisdiction*	Use the dropdown list to select the jurisdiction of the person submitting the form.
Submitter Role*	Use the dropdown list to select Laboratory, Epidemiology or VBD Coordinator.
If the submitter role is Epidemiology or VBD Coordinator, a prompt to enter a Laboratory Contact name, phone number and email will appear.	
Reason for Request*	Select “Discuss Test Strategy” or “Discuss Results” from the dropdown list
Symptom Onset	Enter the onset date if available
Collection Date	Enter the collection date
Specimen Type*	Select the specimen type from the dropdown list
If Reason for Request is “Discuss Results”, a prompt to enter the Reference Center IDR number will appear.	
IDR Number	Enter the IDR (Identification) number from the reference center
Specimen Type	Select the specimen type from the dropdown list
Collection Date	Enter the collection date
Does this patient have a second specimen?	A “yes” response will prompt an additional set of fields for a second IDR number, specimen type and collection date

Prompt	Response
Does this patient have a third specimen?	A “yes” response will prompt an additional set of fields for a third IDR number, specimen type and collection date
Additional Comments	Use this field to provide any additional relevant information on the patient. Do not provide any PII.
If Reason for Request is “Discuss Test Strategy” a section for patient specific information will appear. Please enter as much information as you can but do not include any PII.	
Patient Age (years)	Enter the age in years of the patient
Patient Sex	Enter the sex of the patient
Patient Arboviral Vaccines or Exposures	Include any relevant vaccines or exposures
Previous Test Results	Provide any relevant previous test results
Patient Travel History (Location and Dates)	Include any relevant travel history
Suspected Pathogen	Indicate the suspected pathogen, if there is one



When the form is complete, click “Submit” in the lower right corner. This will open a new screen which says “Thank you for submitting the form. We will be in touch with you soon.” A representative from APHL or the Reference Center will be in touch with you within one business day.