

LINE LIST: MEDIUM RISK PATIENTS

| Name | Medical Record Number | DOB | Sex | Epi-linked? | Date of Rash Onset | Date of admission | Attending Physician/Location | Diagnosis | Lab Tests Resulted (Specimen:Test:Result) | Lab Tests Pending | Comment/Disposition |
|------|-----------------------|-----|-----|-------------|--------------------|-------------------|------------------------------|-----------|---|-------------------|---------------------|
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

- Lab Tests:
 Varicella-zoster: DFA, PCR, IgG, EM, Tzanck, culture
 Herpes simplex: DFA, PCR, Tzanck, EM, culture
 Blood culture
 Other viral culture
 Orthopox virus testing
 Serology
 Biopsy/Pathology