

# Laboratory Reportable Conditions Checklist

August 20, 2020

## Purpose

The purpose of this document is to assist in the onboarding and maintenance of Electronic Laboratory Reporting (ELR) for public health purposes, as outlined in the Nebraska Department of Health and Human Services (NDHHS) Rules and Regulations [Title 173 Chapter 1: Reporting and Control of Communicable Diseases](#). The information provided herein is intended to condense the list of reportable conditions to a manner more applicable to the intended audience. This document, when completed, provides NDHHS with information regarding laboratories performing tests which may identify a reportable condition; and if not, helps determine if a reference lab is utilized to perform testing, in order to ensure the reporting requirements are fulfilled. Additionally, the test system is requested (e.g. Biofire Film Array, TRU FLU, VITEK II, etcetera), in order to lessen the burden of the onboarding process placed upon the laboratory; as, if necessitated, it will allow the NDHHS Office of Health Statistics onboarding specialist to provide the Internationally Standardized codes (e.g. LOINC, SNOMED) applicable to the testing performed. This increases specificity, and improves the accuracy of data reported. Furthermore, it assists NDHHS to follow-up accordingly, in the event there is an FDA recall placed for a specific test.

**CLIA#:** [Click here to enter text.](#)

**Laboratory:** [Click here to enter text.](#)

**LIS:** [Click here to enter text.](#)

Condition	Performed in House		Test System	Sent to Reference Lab		Reference Lab
	YES <input type="checkbox"/>	NO <input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<i>Acinetobacter</i> spp., all isolates	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Acquired Immunodeficiency Syndrome (AIDS)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Adenovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Adenovirus F40/41	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Aeromonas	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Amebae-associated infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Anthrax ( <i>Bacillus anthracis</i> ) * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Antimicrobial Susceptibility	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Astrovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>

Babesiosis ( <i>Babesia species</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Botulism ( <i>Clostridium botulinum</i> ) * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Brucellosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Brucella abortus</i> ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Brucella melitensis</i> ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Brucella suis</i> * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Brucella canis</i> ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Campylobacteriosis ( <i>Campylobacter spp.</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Candida auris</i> (suspected of confirmed)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Candidiasis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Carbapenem-Resistant Enterobacteriaceae ** ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Carbon monoxide poisoning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Chancroid ( <i>Haemophilus ducreyi</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Chikungyna virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Chlamydia trachomatis</i> infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Chlamydia (Chlamydia) pneumoniae	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Cholera ( <i>Vibrio cholerae</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Citrobacter spp.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Clostridium difficile</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Coccidioidomycosis ( <i>Coccidioides immitis/posodasii</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Coronavirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Creutzfeldt-Jakob Disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Cryptosporidiosis ( <i>Cryptosporidium parvum</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Cyclosporiasis ( <i>Cyclospora cayetanensis</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Dengue virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Diphtheria ( <i>Corynebacterium diphtheriae</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Eastern equine encephalitis (EEE virus) * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Ehrlichiosis, human granulocytic ( <i>Ehrlichia phagocytophila</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Ehrlichiosis, human monocytic ( <i>Ehrlichia chaffeensis</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Encephalitis (caused by viral agents)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Entamoeba histolytica	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>

<i>Enterobacter</i> spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Enterococcus</i> spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Enterovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Escherichia coli</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Escherichia coli</i> Shiga toxin producing (STEC) gastroenteritis ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Enteroaggregative <i>E. coli</i> (EAEC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Enteropathogenic <i>E. coli</i> (EPEC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Enterotoxigenic <i>E. coli</i> (ETEC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Enteroinvasive <i>E. coli</i> (EIEC)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Giardiasis ( <i>Giardia lamblia</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Glanders [ <i>Burkholderia (Pseudomonas) mallei</i> * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Gonorrhea ( <i>Neisseria gonorrhoeae</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Haemophilus influenzae</i> infection ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hansen's Disease (Leprosy [ <i>Mycobacterium leprae</i> ])	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hantavirus pulmonary syndrome (Sin Nombre virus)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hepatitis A infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hepatitis B infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hepatitis C infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hepatitis D infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Hepatitis E infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Herpes simplex, primary genital infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Histoplasmosis ( <i>Histoplasma capsulatum</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Human immunodeficiency virus infection (HIV)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Human Metapneumovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Human Rhinovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Influenza, rapid diagnostic test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Influenza, PCR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Klebsiella</i> spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Lead poisoning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Legionellosis ( <i>Legionella</i> species)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Leptospirosis ( <i>Leptospira interrogans</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.

Listeriosis ( <i>Listeria monocytogenes</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Lyme disease ( <i>Borrelia burgdorferi</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Lymphocytic choriomeningitis virus infection	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Lymphogranuloma venereum (LGV [ <i>Chlamydia trachomatis</i> ])	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Malaria ( <i>Plasmodium</i> species)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Measles (Rubeola)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Melioidosis [ <i>Burkholderia (Pseudomonas) pseudomallei</i> ] *	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Meningitis, including viral, bacterial, and fungal	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Meningococcal disease, invasive ( <i>Neisseria meningitidis</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Methemoglobinemia / nitrate poisoning	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Middle East Respiratory Syndrome ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Monkeypox virus infection * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Morganella spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Mumps	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Mycobacterium</i> spp. ^ (non-tuberculosis)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Mycoplasma pneumoniae</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Norovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Parainfluenza	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Pertussis ( <i>Bordetella pertussis</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Plague ( <i>Yersinia pestis</i> ) * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Plesiomonas shigelloides</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Poisoning or illness due to exposure to agricultural chemicals, industrial chemicals, heavy metals, or radiologic exposures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Poliomyelitis, paralytic	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Powassan virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Proteus</i> spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Providencia</i> spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
<i>Pseudomonas aeruginosa</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Psittacosis [ <i>Chlamydophila (Chlamydia) psittaci</i> ]	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>
Q fever ( <i>Coxiella burnetii</i> ) * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<a href="#">Click here to enter text.</a>

Rabies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Respiratory syncytial virus infection, PCR	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Respiratory syncytial virus infection, rapid diagnostic test	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Retrovirus infections	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Ricin poisoning * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Rift Valley fever virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Rocky Mountain Spotted Fever ( <i>Rickettsia rickettsii</i> ) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Rotavirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Rubella and congenital rubella syndrome	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
St. Louis Encephalitis virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Salmonella</i> spp., including typhoid fever ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Sapovirus	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Serratia</i> spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Severe Acute Respiratory Syndrome [SARS]	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2] COVID-19, PCR (Report ALL results: Positive and Negative)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Severe Acute Respiratory Syndrome Coronavirus 2 [SARS-CoV-2] COVID-19, Rapid Antigen Test (Report ALL results: Positive and Negative)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Shigella</i> spp. ( <i>Shigella</i> species) ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Smallpox * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Staphylococcal enterotoxin B intoxication *	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Staphylococcus aureus</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Staphylococcus aureus</i> , vancomycin-intermediate/resistant	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Streptococcal disease	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
<i>Streptococcus pneumoniae</i> , all isolates	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Syphilis ( <i>Treponema pallidum</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Syphilis, congenital	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Tetanus ( <i>Clostridium tetani</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Tick-borne encephalitis, virus complexes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Toxoplasmosis, acute ( <i>Toxoplasma gondii</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.

Transmissible spongiform encephalopathies	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Trichinosis ( <i>Trichinella spiralis</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Tuberculosis	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Tularemia ( <i>Francisella tularensis</i> ) * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Typhoid fever (see <i>Salmonella</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Typhus Fever, louse-borne ( <i>Rickettsia prowazekii</i> ) * ^ and flea-borne / endemic murine ( <i>Rickettsia typhi</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Varicella zoster primary infections (chicken pox)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Venezuelan equine encephalitis * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Vibrio spp.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Viral hemorrhagic fever * ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
West Nile virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Western Equine Encephalitis virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Yellow Fever	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Yersiniosis ( <i>Yersinia</i> species not <i>Y. pestis</i> )	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.
Zika virus ^	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Click here to enter text.

Laboratory does not perform testing, indicative of the reportable conditions, as specified within [Title 173 Chapter 1: Reporting and Control of Communicable Diseases](#)

<b>Name:</b> Click here to enter text.	<b>Email:</b> Click here to enter text.
<b>Facility:</b> Click here to enter text.	<b>Phone:</b> Click here to enter text.
<b>Address:</b> Click here to enter text.	
<b>City, State, Zip:</b> Click here to enter text.	

\* Potential agents of bioterrorism (designated as select agents by CDC)

^ Laboratories must submit the isolate and/or specimen to the Nebraska Public Health Laboratory as specified in 173 NAC 1-007.03

\*\* Resistance to imipenem, doripenem, ertapenem, or meropenem as defined by the CDC