

# LABORATORY TEST REQUEST FORM: INFLUENZA VIRUS PCR

SDPHL LAB NO:

Submit this form to PHL with respiratory specimens to be confirmed and subtyped

<p align="center"><b>San Diego County Public Health Laboratory</b></p> <p>3851 Rosecrans St., Ste. 716 San Diego, CA 92110 Tel (619) 692-8500 FAX (619) 692-8558</p> <p><b>Brett Austin, MA, PHM</b> Laboratory Director</p>	OUTBREAK (OB) ASSOCIATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	INTENSIVE CARE UNIT (ICU)?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	FATAL CASE?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
	IF YES, DATE OF DEATH	____/____/____
	IF YES TO ICU/DEATH/OB: HOSPITAL/OB FACILITY NAME	
	MEDICAL RECORD NUMBER:	

PATIENT NAME (LAST, FIRST, MI): _____	SUBMITTING LAB NAME: _____
Address: _____	Address: _____
City/State: _____ Zip _____	City/State: _____ Zip _____
Home Phone: (____) _____	Phone: (____) _____

DATE OF BIRTH: ____/____/____	If Female, PREGNANT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	RACE: <input type="checkbox"/> African American/Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> American Native/Alaskan Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Unknown
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female	IF PREGNANT, EXPECTED DELIVERY DATE: ____/____/____	ETHNICITY: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown

SPECIMEN DATE*: ____/____/____ <i>Please submit specimen within 3 days of collection, unless frozen.</i> Check if frozen <input type="checkbox"/>	SOURCE OF SPECIMEN:	<input type="checkbox"/> Nasal Swab <input type="checkbox"/> NP Swab <input type="checkbox"/> Throat Swab <input type="checkbox"/> Nasal Aspirate <input type="checkbox"/> Other _____
	PREVIOUSLY SCREENED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	SCREEN TEST RESULT:	<input type="checkbox"/> Negative <input type="checkbox"/> Influenza B <input type="checkbox"/> Influenza A Subtype: _____

<b>PATIENT HISTORY</b>	
Date of influenza like illness symptom onset: _____	
<input type="checkbox"/> No <input type="checkbox"/> Yes <b>Contact with swine or birds? Within 10 days of illness onset:</b> <input type="checkbox"/> History of contact with potentially-infected birds (e.g. handling, de-feathering, culling; even if wearing PPE+); <b>OR</b> <input type="checkbox"/> History of direct contact with surfaces contaminated with feces or parts of potentially-infected birds; <b>OR</b> <input type="checkbox"/> Close contact with a confirmed or suspected human infection with novel influenza virus; <b>OR</b> <input type="checkbox"/> History of working with a live novel influenza virus in a laboratory	
<input type="checkbox"/> No <input type="checkbox"/> Yes <b>Recent Travel? If yes, specify location(s) _____ &amp; return date: _____</b>	

\*Specimens should be shipped in 2-3 ml of viral or universal transport medium (NOT saline); submit only Dacron-tipped swabs (NOT wooden shaft, cotton or calcium alginate swabs); specimens should be collected within 24-72 hours of symptom onset, and no later than 5 days after symptom onset; specimens should be refrigerated at 4 degrees C and transported on cold packs within 3 days of collection date. Otherwise, specimens must be frozen at -70 degrees C or below and shipped on dry ice.