



San Diego County Public Health Laboratory

5540 Overland Avenue, San Diego, CA 92123

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CLIA# 05D23242555

THIS SPACE IS RESERVED FOR

PUBLIC HEALTH LAB USE ONLY

Influenza Test Requisition Form

Patient Information (* denotes required information)			Submitter Information New submitters must complete a Client Agreement Form . Results will <u>not</u> be released until the form is submitted.	
*Last Name	*First Name	Middle Name		
*DOB	*Pregnancy Status	*Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> M/F <input type="checkbox"/> F/M		
*Address			*Ordering Physician	*National Provider ID (NPI)
*City, State, Zip			*Facility Name	
*Phone #		MRN/ID#	*Phone	
*Patient Status: Outpatient Hospitalized ICU Outbreak Inmate Fatal Outbreak Case#			Email	
*Race <input type="checkbox"/> American Indian/ Alaska Native <input type="checkbox"/> Asian Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Unknown <input type="checkbox"/> Decline			*Alternate Contact (ie. PHN/CDI/Epi)	
*Ethnicity Hispanic/ Latino Not Hispanic/ Latino Unknown Decline				
For More Information on Extended Race and Ethnicity Click Here .				
Extended Race				
Extended Ethnicity				

Specimen Information

SUBMIT ONE TEST REQUISITION FORM PER SPECIMEN SOURCE

Collection Information	*Specimen Source
*Date	Nasopharynx Nasal Nasal Aspirate Nasal/Oropharynx Combined
Time	Oropharynx Buccal BAL Conjunctival Throat
Collected By	Lower Respiratory Tract (Please Specify)_____

Clinical Information	Test Information
Patient experiencing symptoms: YES NO	Influenza PCR Previous Result: A B
Date of symptom onset:	Subtyping Completed: YES NO
Symptoms (check all that apply below):	Subtyping Result: H1 H3 Unsubtypeable N/A
Fever or chills Diarrhea Shortness of Breath	Ct value (if applicable):
Cough Headache Nausea or vomiting	Known Exposure to Avian influenza:
Sore Throat Fatigue Muscle or body aches	(e.g., ill birds/cattle, person who tested positive for H5N1)
Congestion or runny nose Loss of Smell and Taste	
Conjunctivitis Other: _____	

1- This test must be approved by the San Diego County Epidemiology Program, please call 619-692-8499. 2- This test must be approved by the San Diego County Immunization Program, please call 866-358-2966 option 5. Submitters may incur fees for testing, in accordance with the board-approved fee schedule available on the [San Diego County Public Health Laboratory website](#).

Specimens received at the San Diego County Public Health Laboratory located at 5540 Overland Avenue, San Diego, CA 92123, may be tested at one of the following CLIA-certified facilities:

San Diego County Public Health Laboratory (NEW)

5540 Overland Avenue, San Diego, CA 92123

CLIA# 05D2324555

San Diego County Public Health Laboratory (COOP)

5570 Overland Avenue, San Diego, CA 92123

CLIA# 05D0060808

San Diego County Public Health Modular Laboratory

5587 Overland Avenue, San Diego, CA 92123

CLIA # 05D2274872