



INFLUENZA SURVEILLANCE SPECIMEN SUBMITTAL FORM

Laboratory Director Linda Ward - wp.sbcounty.gov/dph/programs/lab/

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Specimens will not be tested if this form is not complete

See back of the page for specimen submittal instructions.

Patient last name		First name		Patient address (including zip code)	
MR#:					
Occupation				COUNTY:	
Age	DOB	Gender	Home phone	Alternate phone	
		M F U			
Height	Weight	Onset date	Disease suspected <u>or</u> test requested (check one)		
			[] Influenza [] Other respiratory virus		
Specimen type and/or specimen source				Date/Time collected	
Type or print submitting physician's name, facility name and mailing address				Facility phone number	
				Facility fax number	
Local Laboratory Results					
Was this specimen tested by a rapid antigen test? [] Yes [] No If yes, result: [] Pos [] Neg					
Was this specimen typed as Influenza A? [] Yes [] No If yes, was subtype identified?					
Influenza A: [] H3 [] 2009 A/H1					
Was this specimen typed as Influenza B? [] Yes [] No If yes, was the lineage typed as: [] Victoria [] Yamagata					
Epidemiologic Information					
Travel in past 30 days? [] Yes [] No If yes, where: _____					
Onset of influenza-like illness (ILI) within 10 days of close contact with a person who has an ILI?					
[] Yes [] No					
If yes, what type of contact? Household [] Other close contact [] Describe: _____					
Does the patient attend/work/live in a group setting (i.e., school, hospital, long-term care facility)? [] Yes [] No					
If yes, type of setting (school, long-term care facility, etc.) _____					
Name of school/facility _____					
City _____					
Clinical Information (Please attach clinic/hospital notes and laboratory data)					
[] Fever to _____ °F		[] Cough		[] Sore throat	
[] Nausea / vomiting / diarrhea (circle)		[] Headaches / body aches		[] Shortness of breath	
[] Other, please describe: _____					
Is patient hospitalized? [] Yes [] No			Is patient in ICU? [] Yes [] No		
Pregnancy status? _____					
Antiviral treatment? [] Yes [] No If yes, list drug and start date: _____					
Underlying medical condition:					
Asthma/chronic lung disease? [] Yes [] No		Heart or circulatory disease? [] Yes [] No			
Diabetes/renal disease? [] Yes [] No		Cancer in last 12 months? [] Yes [] No			
Other (describe): _____					

Specimen Collection and Submittal Instructions

Hospitals are encouraged to conduct rRT-PCR testing and submit samples to the Public Health Laboratory in the situations listed below:

- Hospitalized, intensive care unit (ICU) and/or fatal cases with influenza-like illness (ILI)
- Acute respiratory outbreaks
- ILI in any person where history of travel or recent close contacts or exposures within 10 days of symptoms onset, suggest concern for variant or novel influenza infection (e.g. variant influenza A (H3N2)v, (H1N2)v, or (H1N1)v, or avian influenza H5N1 or H7N9).

Hospital laboratories are also encouraged to keep specimens upon request for further subtyping and characterization, as virulence of a strain may be determined after initial screening. Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. Personnel collecting clinical specimens should wear an N95 respirator, goggles, disposable gown, and disposable gloves.

Respiratory Specimens:

- Each specimen should be labeled with: **date of collection, specimen type and patient name.**
- Preferred specimen is a nasopharyngeal swab. Please use only sterile Dacron or Rayon swabs with plastic or aluminum shafts. DO NOT use calcium alginate swabs or swabs with wooden sticks, as they may contain substances that inactivate some viruses and inhibit some molecular assays.
- Oropharyngeal (throat) swabs are acceptable, but may not have as high yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx.
- Place the swabs in a standard container with 2-3 ml of viral transport media.
- Nasopharyngeal wash or nasopharyngeal aspirate is also acceptable.
- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained.

Specimen Storage and Shipment:

Specimens will not be tested if the front of this form is not completed. The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within three days of the date collected. If samples cannot be received by the laboratory within three days, they should be frozen at -70°C or below and shipped on dry ice. Specimens should be transported to the address shown on front of this form.

- **Specimens must be received at the laboratory during normal business hours unless special arrangements are made.**
- **Specimen submission does not guarantee testing. Testing priority will be based on patient health history and public health surveillance guidelines.**
- **Incomplete forms will be faxed to submitter for revision.**