NOVEL INFLUENZA A H1N1 (SWINE) FLU SPECIMEN SUBMISSION FORM
UPDATED 07/22/2009

PLEASE ATTACH PRE-PRINTED LABEL or PRINT CLEARLY

Patient's Name: ____________________________ Gender: _______ DOB: _______ Race/Ethnicity: _______

Last, First

Address: __________________________________ Phone: __________________________

City / State: _____________________________ Zip Code: ________________

Submitted By (Hospital) __________________________ Requesting Clinician: __________________________
(Clinic)

MRN# ________________ Phone Number: __________________ Fax Number: ________________

CHECK BOTH SOURCE & CRITERIA FOR TESTING & INDICATE DATE COLLECTED

SPECIMEN SOURCE: __________________________ DATE SPECIMEN COLLECTED: ________________

☐ Nasopharyngeal Swab ☐ Nasopharyngeal Aspirate ☐ Nasal Wash ☐ Nasal Aspirate
☐ Oropharyngeal (Throat) Swab ☐ Nasal Swab ☐ Other __________________________

VIROLOGY
☐ Swine Flu PCR Screen

CRITERIA FOR TESTING (REQUIRED):
If symptom and exposure information is incomplete, this form will be faxed back to you. Please provide fax back number. Fax Number: ______________________ Phone Number: ______________________

Submit respiratory specimens ONLY from patients who meet the criteria below for PCR testing by Public Health Lab System. Collect specimen within 5 days of symptom onset.

Patients who have an undiagnosed acute febrile respiratory illness OR have suspected or confirmed Influenza A

Influenza-like illness: fever >37.8°C (100°F), AND sore throat or cough
☐ Suspected or confirmed influenza A OR
☐ Fever (>37.8°C/100°F)
AND: ☐ Cough ☐ Sore Throat ☐ Other __________________________
Symptom Onset _____ / _____ / _____ ☐ Unknown

AND who are at least one of the following (check all that apply):
☐ Died
☐ Hospitalized (>24hours)
☐ Live in a Long Term Care Facility

Specimens not meeting above criteria will not be tested.

Report all fatal or severe (requiring ICU admission) cases of suspected or confirmed Influenza A to SFDPH Disease Control (415) 554-2830

07/22/2009