

Influenza Surveillance Request Form

Revised 10/2018

Patient Information	Submitter Information
Name (Last, First):	Customer Provider Code (Required):
Specimen ID (optional):	Submitting Institution's Name:
Date of Birth (Required):	Submitting Institution's Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City, State, Zip Code:
Zip Code(Required):	Telephone Number:
Address, City, State, County:	Practitioner's Full Name:
Telephone Number:	

Date of Collection (Required):	Specimen Source/Type:		
	<input type="checkbox"/> Nasopharyngeal Swab; NPS (in VTM) <input type="checkbox"/> Nasal Swab (in VTM) <input type="checkbox"/> Throat Swab (in VTM) <input type="checkbox"/> Nasopharyngeal/Throat Swab (in VTM)	<input type="checkbox"/> BAL <input type="checkbox"/> Nasal Aspirate <input type="checkbox"/> Traheal Aspirate <input type="checkbox"/> Sputum	<input type="checkbox"/> Lung Tissue <input type="checkbox"/> Cell Culture Isolate (Cell Line Used: _____) <input type="checkbox"/> Other: _____

Reason for Submission: Influenza Surveillance Epidemiologist requested sample to be sent

Additional Information Required:

[] Hospitalized
 [] Travel History (Places & Dates)
 [] Swine Contact

Your Test Results:

[] Positive Influenza A; Subtype _____	[] Negative Influenza A
[] Positive Influenza B	[] Negative Influenza B
[] Positive Influenza A and B	[] Not Tested
[] Positive Influenza A (Unknown Subtype)	[] Other (Specify): _____

Which test method did you use:

PCR: <input type="checkbox"/> Luminex xTAG Respiratory Viral Panel <input type="checkbox"/> Panther Fusion Flu A/B/RSV Assay <input type="checkbox"/> Biofire FilmArray Respiratory Panel <input type="checkbox"/> Cepheid Xpert Flu or Flu/RSV <input type="checkbox"/> Roche cobas LIAT Influenza A/B or A/B&RSV <input type="checkbox"/> Alere i NAT Flu A/B <input type="checkbox"/> Genmark Respiratory Viral Panel <input type="checkbox"/> Other (Specify): _____	Antigen Detection (include cell line used for culture in [] Other) <input type="checkbox"/> BD Veritor Influenza A + B <input type="checkbox"/> BinaxNOW Influenza A&B <input type="checkbox"/> Directigen EZ Flu A + B <input type="checkbox"/> QuickVue Influenza A&B <input type="checkbox"/> TRU FLU <input type="checkbox"/> Xpect Flu A & B <input type="checkbox"/> Sofia Flu A&B <input type="checkbox"/> Other (Specify): _____
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For specimen/technical questions please call: Virology staff: 801-965-2584 For questions regarding customer services/courier services please call: Nancy Arbon: 801-965-2516	UTAH PUBLIC HEALTH LABORATORY 4431 SOUTH 2700 WEST TAYLORSVILLE, UTAH 84129 VIROLOGY TELEPHONE: (801) 965-2584 FAX: (801) 536-0473
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