Santa Barbara County PUBLIC Health DEPARTMENT

Public Health Laboratory

315 Camino Del Remedio, Santa Barbara, CA 93110
Phone: 805-681-5256 Fax: 805-681-4753

Surveillance Influenza Submittal Form

Patient Information*

Name: _____
Last First Middle Initial

DOB: _____/_____/_____

SEX: M◯ F◯ M→F◯ F→M◯ Unknown◯

Specimen Information

Specimen Type: _____

Date Collected: ___/___/_____

Influenza Test Result: ☐ Influenza **A** ☐ Influenza **B** ☐ *Equivocal*

Notes/Comments: _____

Physician Information

Ordering MD: _____

Phone: (_____) _____-_____ Fax: (_____) _____-_____

Submitting Agency: _____

Click here to submit completed form to Public Health Lab **Submit**

Patient information OR hospital information label with MRN and accession number