

Mandated Influenza Submittal Form

- SPECIMENS SHOULD BE COLLECTED WITHIN THE FIRST FIVE DAYS OF SYMPTOM ONSET
- SPECIMEN REQUIREMENTS:

1. A nasopharyngeal specimen collected with a Dacron swab transported in at least three milliliters of viral transport media (VTM) or universal transport media (UTM)
2. Samples collected from the lower respiratory tract (i.e., bronchoalveolar lavage, tracheal aspirate, bronchial washings)
3. Each specimen must be labeled with the patient's name, date of collection, specimen source/type
4. Refrigerate specimen and submit to the Public Health Laboratory within five days of original collection date

IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name and middle initial			Patient's mailing address (including Zip code)		Route to: <input type="checkbox"/> PCR <input type="checkbox"/> _____
Date of Birth: (only age 0-64 accepted)	Sex (circle): M F M→F F→M U	Date of Onset:			
Disease suspected <u>or</u> test requested: Influenza and other respiratory viruses			Only for Public Health Laboratory use Sample Identification		
1°	Specimen type and/or specimen source	Date Collected:			
2°	Specimen type and/or specimen source	Date Collected:			
Clinical findings are <u>required</u> for testing: <input type="checkbox"/> Fever _____ °F/°C <input type="checkbox"/> Malaise <input type="checkbox"/> Vomiting <input type="checkbox"/> Bronchiolitis/bronchitis <input type="checkbox"/> Chills <input type="checkbox"/> Headache <input type="checkbox"/> Croup <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Generalized aches <input type="checkbox"/> Cough <input type="checkbox"/> Pneumonia <input type="checkbox"/> Diarrhea					
The Laboratory will only test patients between the ages of 0-64 as mandated by the State of California ** **At least one of the following conditions must be met before samples are assayed Fatal case with influenza like illness (ILI)? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient in ICU with ILI? <input type="checkbox"/> Yes <input type="checkbox"/> No Patient is part of a public health investigation of selected ILI cluster? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, name of location/setting? _____					

Submitting Physician: _____ Phone: (_____) _____

Submitting Location/Agency: _____ Fax: (_____) _____

	Santa Barbara County Public Health Laboratory 315 Camino del Remedio Santa Barbara, CA 93110 Phone: (805) 681-5255 Fax: (805) 681-5347
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Submitters: Please provide your complete mailing address in the above box

For questions, please contact the Laboratory at (805) 681-5255

Outpatient ILI will be evaluated through predetermined criteria determined by the California Sentinel Surveillance Network System established by the California Department of Public Health (CDPH) and the Viral and Rickettsial Disease Laboratory (VRDL)