

## SPECIAL INFLUENZA MICROBIOLOGY REQUISITION

PATIENT LAST NAME FIRST NAME MI

**Submitting Laboratory Information**  
**Laboratory Name and Address**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Telephone:** \_\_\_\_\_  
**Fax Number:** \_\_\_\_\_

**Contact Name (printed):** \_\_\_\_\_

**Test approved by: Safranek/Williams 2017-2018**  
**Related to Outbreak:**  YES  NO

DATE OF BIRTH AGE SEX  
 / / M / F

ADDRESS APT  
 \_\_\_\_\_

CITY STATE ZIP  
 \_\_\_\_\_

COUNTY CODE STATE CODE SURVEILLANCE ID NUMBER  
 \_\_\_\_\_

PHYSICIAN'S NAME PHONE #  
 \_\_\_\_\_

COLLECTION DATE COLLECTION TIME  
 / / AM / PM

ID / CHART NUMBER (NUMBER WILL APPEAR ON REPORT)  
 \_\_\_\_\_

**Clinical Diagnosis:** \_\_\_\_\_ **ICD 9 Code:** \_\_\_\_\_

**Race**  White  Black  Native American  Asian/Pacific Islander  Unknown  Other \_\_\_\_\_

**Ethnicity**  Hispanic  Non-Hispanic  Unknown

**Source:**  Nasopharyngeal Swab  Nasopharyngeal Washing  BAL  Other: \_\_\_\_\_

**Influenza Surveillance Testing - INFLUENZA PCR Panel (CDC)**  
 Submitting Facility:  Sentinel Hospital Laboratory  Sentinel Provider  Other \_\_\_\_\_

Onset Date of Symptoms: \_\_\_\_/\_\_\_\_/201\_\_\_\_ Has this pt received an antiviral?  YES  NO

Was patient vaccinated for influenza this season (at least 14 days prior to onset of symptoms)?  YES  NO  
 If yes, how many doses:  One  Two If yes, type of vaccine:  Inactivated Normal Dose (shot)  
 Inactivated High Dose (shot)  
 Quadrivalent  Trivalent

Inpatient?  Outpatient?

Is this patient hospitalized in the ICU?  YES  NO  
 Is this patient pregnant?  YES  NO  
 Is this patient a healthcare worker?  YES  NO  
 Has this patient had contact with swine?  YES  NO

Has this patient travelled (at least 14 days prior to onset of symptoms)?  YES  NO  
 If yes, where? \_\_\_\_\_

Rapid influenza antigen detection test kit performed:  YES  NO  
 Rapid influenza antigen detection test kit name? \_\_\_\_\_

Influenza A test results:  Positive  Negative  Not Performed  
 Influenza B test results:  Positive  Negative  Not Performed