

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 2016-2017
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 **Ethnicity** ___ Hispanic ___ Non-Hispanic
 ___ Asian/Pacific Islander ___ Unknown ___ Other _____
 ___ Unknown

Source: ___ Nasopharyngeal Swab ___ Nasopharyngeal Washing ___ BAL ___ Other: _____

___ **Influenza Surveillance Testing** - INFLUENZA PCR Panel (CDC)
 Submitting Facility: _____ Hospital _____ 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)
 ___ FluMist ___ Intradermal

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