

## 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 2011/2012**

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:  Hospital  Sentinel Provider  Other \_\_\_\_\_

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(shot)  FluMist

Is this patient hospitalized in the ICU?  YES  NO  
 Is this patient pregnant?  YES  NO  
 Is this patient a healthcare worker?  YES  NO

Rapid influenza antigen detection test kit performed:  YES  NO  
 Influenza A test results:  Positive  Negative  Not Performed  
 Influenza B test results:  Positive  Negative  Not Performed

Rapid antigen test used:

<input type="checkbox"/> 3M™ Rapid Detection Flu A+B Test (3M)	<input type="checkbox"/> Directigen™ Flu A+B (Becton-Dickinson)
<input type="checkbox"/> Directigen™ EZ Flu A+B (Becton-Dickinson)	<input type="checkbox"/> BinaxNOW® Influenza A&B (Alere)
<input type="checkbox"/> BioSign® Flu A+B (Princeton BioMedtech)	<input type="checkbox"/> Clearview Exact® II Influenza A&B (Alere)
<input type="checkbox"/> OSOM® Influenza A&B (Genzyme)	<input type="checkbox"/> QuickVue® Influenza Test (Quidel)
<input type="checkbox"/> QuickVue® Influenza A+B Test (Quidel)	<input type="checkbox"/> SAS™ FluAlert A&B (SA Scientific)
<input type="checkbox"/> SAS™ FluAlert A (SA Scientific)	<input type="checkbox"/> SAS™ FluAlert B (SA Scientific)
<input type="checkbox"/> TRU FLU® (Bioscience)	<input type="checkbox"/> XPECT™ Flu A&B (Remel/Thermofisher)
<input type="checkbox"/> Other: _____	