California Department of Public Health – Viral and Rickettsial Disease Laboratory

Influenza or other **Respiratory** Illnesses Specimen Submittal Form

Specimen Collection and Submittal Instructions

- The optimal sample for most respiratory illnesses is a nasalpharyngeal (NP) swab. If this sample cannot be obtained, then please collect a throat swab and a nasal swab. Place the NP swab or both the throat and nasal swabs into a single container with viral transport media (VTM). Break off the handle(s) of the swabs far enough down to make sure that the cap will seal tightly to prevent leakage.
- If patient is hospitalized with pneumonia, it is recommended that specimens from the lower respiratory tract (tracheal aspirate, bronchial lavage) should also be submitted.
- Please use Dacron-tipped swabs with wire or plastic handles. Cotton-tipped, calcium alginate, and swabs with wooden handles may be toxic and are unsatisfactory.
- Please use only a viral transport medium. LQ Stuart (green or red top), Amies (with or without charcoal) and A.C.T.I. are bacterial media and contain antiviral substances rendering the sample unsatisfactory for viral testing.
- Please use one (1) submittal form per patient
- Each specimen should be labeled with **date of collection, specimen type, and patient name**.
- Specimens should be sent **cold** (use cold packs – not wet ice) via an **overnight courier**
- Send to State Laboratory: Specimen Receiving / Influenza Surveillance
  850 Marina Bay Parkway
  Richmond, CA 94804 (510) 307-8585
- **Please do not send specimens on a Friday**. Refrigerate over the weekend and send on Monday.

Patient and Sample Information (AT A MINIMUM, PLEASE COMPLETE THE **BOLDED** BOXES)

Patient's last name, first name			Patient's mailing address (including Zip code) **COUNTY:** _____	Route to: [ ] PCR [ ] ISOL
Age or DOB:	**Sex (circle): M F**	**Onset Date:**		
Disease suspected or test requested - Check one: *[ ]* ***Influenza*** *[ ]* ***other respiratory virus***			Is this sample part of a special project? Check one: *[ ] Pediatric Severe Influenza Project* *[ ] Severe Illness Laboratory Surveillance Project*	
1st	Specimen type and/or specimen source	**Date Collected**	1st	
2nd	Specimen type and/or specimen source	Date Collected	2nd	
Type or print submitter's complete mailing address			Viral and Rickettsial Disease Laboratory 850 Marina Bay Parkway Richmond, CA 94804 Phone (510) 307-8585 Fax (510) 307-8578 Rev 10/24/11	

Local Laboratory Results:
Was this specimen tested by a rapid antigen test? [ ] Yes [ ] No If yes, result: [ ] Positive [ ] Negative

Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data)

Outbreak setting? [ ] Yes [ ] No
If yes, setting: [ ] school [ ] hospital [ ] LTCF
[ ] Prison Other [ ]: _____
Health Care Worker? [ ] Yes [ ] No
Is patient pregnant? [ ] Yes [ ] No
Has patient received current Influenza vaccine?
[ ] Yes [ ] No [ ] Unk
Other relevant information:

[ ] Fever to _____ ^{0}F [ ] Cough
[ ] Sore throat [ ] Nausea/vomiting/diarrhea
[ ] Altered Mental Status [ ] Shortness of breath
[ ] Other, please describe:
Is patient hospitalized? [ ] Yes [ ] No
Is patient in the ICU? [ ] Yes [ ] No
Antiviral treatment? [ ] Yes [ ] No
If yes, list drug and start date:

Submitting Physician: _____ *Phone#* (_____) _____

Submitting Facility: _____

Submitting Facility Phone# (_____) _____ and *Fax#* (_____) _____