

**California Department of Public Health – Viral and Rickettsial Disease Laboratory
Non-Influenza Respiratory Disease (NIRD) Surveillance Submittal Form**

Please send a minimum of **0.7 ml** of original respiratory specimen and **20 µL** of corresponding Nucleic Acid Extract on dry ice to:

CDPH/Specimen Receiving – NIRD Surveillance
850 Marina Bay Parkway
Richmond, CA 94804
(510) 307-8585

For more information about specimen submission, please contact:

VRDL Medical Records Unit (510) 307-8585 VRDL.Mail@cdph.ca.gov
Alice Chen, MPH (510) 307-8630 Alice.Chen@cdph.ca.gov

Patient	VRDL Patient Accession # (For VRDL Use Only)	Sample Type	Onset/Sample Collection Date	Patient Name Last Name, First Name	DOB	Sex (Circle one)
1		Original <input type="checkbox"/> NP in VTM <input type="checkbox"/> Other Resp: <input type="checkbox"/> OP in VTM _____ <input type="checkbox"/> Other Swab	Onset ___/___/___ Collected ___/___/___			M / F
		Nucleic Acid Date Extracted: _____	<input type="checkbox"/> Fever to _____°F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough	<input type="checkbox"/> Pharyngitis <input type="checkbox"/> Coryza <input type="checkbox"/> Hospitalized <input type="checkbox"/> Death		
2		Original <input type="checkbox"/> NP in VTM <input type="checkbox"/> Other Resp: <input type="checkbox"/> OP in VTM _____ <input type="checkbox"/> Other Swab	Onset ___/___/___ Collected ___/___/___	Last Name, First Name	DOB	M / F
		Nucleic Acid Date Extracted: _____	<input type="checkbox"/> Fever to _____°F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough	<input type="checkbox"/> Pharyngitis <input type="checkbox"/> Coryza <input type="checkbox"/> Hospitalized <input type="checkbox"/> Death		
3		Original <input type="checkbox"/> NP in VTM <input type="checkbox"/> Other Resp: <input type="checkbox"/> OP in VTM _____ <input type="checkbox"/> Other Swab	Onset ___/___/___ Collected ___/___/___	Last Name, First Name	DOB	M / F
		Nucleic Acid Date Extracted: _____	<input type="checkbox"/> Fever to _____°F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough	<input type="checkbox"/> Pharyngitis <input type="checkbox"/> Coryza <input type="checkbox"/> Hospitalized <input type="checkbox"/> Death		
4		Original <input type="checkbox"/> NP in VTM <input type="checkbox"/> Other Resp: <input type="checkbox"/> OP in VTM _____ <input type="checkbox"/> Other Swab	Onset ___/___/___ Collected ___/___/___	Last Name, First Name	DOB	M / F
		Nucleic Acid Date Extracted: _____	<input type="checkbox"/> Fever to _____°F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough	<input type="checkbox"/> Pharyngitis <input type="checkbox"/> Coryza <input type="checkbox"/> Hospitalized <input type="checkbox"/> Death		
5		Original <input type="checkbox"/> NP in VTM <input type="checkbox"/> Other Resp: <input type="checkbox"/> OP in VTM _____ <input type="checkbox"/> Other Swab	Onset ___/___/___ Collected ___/___/___	Last Name, First Name	DOB	M / F
		Nucleic Acid Date Extracted: _____	<input type="checkbox"/> Fever to _____°F <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Sore throat <input type="checkbox"/> Cough	<input type="checkbox"/> Pharyngitis <input type="checkbox"/> Coryza <input type="checkbox"/> Hospitalized <input type="checkbox"/> Death		

Submitter's complete mailing address:

Dongxiang Xia, MD, PHD, D (ABMM), SV(ASCP), Chief
California Department of Public Health
Viral and Rickettsial Disease Laboratory
850 Marina Bay Parkway, Richmond, CA 94804
Phone (510) 307-8585 Fax (510) 307-8578

Secure fax number: () -

Instructions for Submittal of Influenza-Negative Samples for Non-Influenza Respiratory Testing

Please be sure to fill out the submittal form as completely as possible.

Leave the VRDL Patient Accession # field blank - it is for VRDL use only.

Number of Patients.

We are able to accept samples from a maximum of five (5) influenza negative patients per month from each submitter.

Sample Type.

For each patient, we request 0.7 mL of original specimen placed in viral transport medium (VTM) or Universal Transport Medium (UTM), and 20 µL of nucleic acid extract that has exhibited an RNase P positive result.

Please check which sample type is being submitted. If “Other Resp” sample, please indicate the source and write on the blank line. Acceptable original specimens include the following:

- **Upper respiratory sources:** naso- or oro-pharyngeal (NP or OP) swab, nasal swab, throat swab, NP wash, nasal wash, NP aspirate, and nasal aspirate.
- **Lower respiratory sources** (from hospitalized patients): bronchoalveolar lavage, bronchial wash, tracheal aspirate, sputum, and lung tissue.

Ideally, specimens should be obtained during the acute phase of illness (within 48-72 hours of onset). Please include the **date of illness onset**, if known.

In addition, please include the collection date for the original specimen **and** the extraction date for the nucleic acid extract.

Patient ID.

Enter patient name (Last, First) or a unique identifier.

Please include Date of Birth (DOB) and indicate the gender of patient by circling M (for male) or F (for female).

Clinical Information.

We have provided a section listing symptoms that are characteristic of respiratory illness. Check the boxes next to each symptom as it applies to the patient.

Please check the appropriate boxes if patient was hospitalized when the specimen was taken and whether the sample was from a fatal case.

Storage and Transportation.

All samples should be stored at -70⁰C and transported on dry ice.

Samples must be sent in accordance with the regulations for shipping diagnostic specimens (Packing Instructions 650) using dry ice. This includes marking the outside of the package as “Biological Substance – Category B” and adding a diamond-shaped UN3373 label.