

## California Department of Public Health – Viral and Rickettsial Disease Laboratory Pediatric Intensive Care Influenza Testing

The local public health department **MUST** be notified of this case prior to submission of samples

Specimens will be accepted on cases that meet the following case definition:  
Patients from birth to 17 years who have either:

- 1) A clinical syndrome consistent with influenza or complications of influenza, including lower respiratory tract infection, acute respiratory distress syndrome, apnea, cardiopulmonary arrest, myocarditis, Reye or Reye-like Syndrome, or acute CNS syndrome (e.g., encephalitis, seizures) OR
- 2) A diagnosis of influenza confirmed by laboratory testing AND:
  - are or have been hospitalized in the ICU; OR
  - have died anywhere (transport system, ER, ward, ICU) in your hospital

### Instructions for Sending Specimens

- Each specimen should be labeled with date of collection, specimen type, and patient name.
- Send specimens on cold pack to the:
 

**Viral and Rickettsial Disease Laboratory**  
**Specimen Receiving**  
**850 Marina Bay Parkway**  
**Richmond, CA 94804**
- Please do not send specimens on a Friday unless they can be hand-carried directly to the laboratory. Refrigerate specimens over the weekend and send on Monday. Specimens should be sent using an overnight courier if possible.

### **SPECIMEN TYPE:**

<input type="checkbox"/> Naso-pharyngeal swab in Viral Transport Medium (VTM) <input type="checkbox"/> Naso-pharyngeal wash <input type="checkbox"/> ET aspirate (if intubated) <input type="checkbox"/> Pleural fluid <input type="checkbox"/> Tissue - fresh frozen samples of proximal and distal trachea, right and left primary bronchi, central hilar lung with segmental bronchi and representative pulmonary parenchyma <b>(NOTE- FOR AUTOPSY SPECIMENS, PLEASE ENCLOSE A COPY OF THE PRELIMINARY OR FINAL AUTOPSY REPORT)</b>	<input type="checkbox"/> Oro-pharyngeal swab in VTM <input type="checkbox"/> Naso-pharyngeal aspirate <input type="checkbox"/> Bronchoalveolar lavage
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### **IMPORTANT: please complete the form below and submit with specimens**

Patient's last name, first name			County of residence:		Route to: [ ] _____ [ ] _____ [ ] _____ [ ] _____
Hospital/clinic laboratory where specimens collected:					
DOB:	Sex (circle): M    F	Onset Date:			
Disease suspected <u>or</u> test requested: <b>INFLUENZA</b>			<i>This section for State Virus Laboratory use only. Date received by VRDL and State Accession Number</i>		
1 <sup>st</sup>	Specimen type and/or specimen source	Date Collected	1 <sup>st</sup>		
2 <sup>nd</sup>	Specimen type and/or specimen source	Date Collected	2 <sup>nd</sup>		
3 <sup>rd</sup>	Specimen type and/or specimen source	Date Collected	3 <sup>rd</sup>		
4 <sup>th</sup>	Specimen type and/or specimen source	Date Collected	4 <sup>th</sup>		