

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH VIRAL AND RICKETTSIAL DISEASE LABORATORY

Specimen Submittal Form for Suspect Avian Influenza A (H5N1)

To improve diagnostic sensitivity, testing should be performed on multiple samples types collected over several days. Given that most human cases have presented with lower respiratory tract infections, the collection of only a upper respiratory specimen, particularly single nasopharyngeal or nasal swabs, is **NOT** recommended.

- MINIMUM SPECIMEN REQUIREMENTS INCLUDE THE FOLLOWING:**
 1. Oropharyngeal swab specimens collected in 3 cc viral transport media (VTM); AND
 2. A nasopharyngeal swab OR nasopharyngeal wash OR nasopharyngeal aspirate collected in 3 cc viral transport media (VTM)*; AND
 3. Any specimen(s) from the lower respiratory tract** (e.g., sputum, bronchoalveolar lavage, tracheal aspirate or pleural fluid tap).

* An oropharyngeal swab may be more likely than a nasopharyngeal swab to yield a positive result. While both an oropharyngeal swab and nasopharyngeal specimen should be collected, an oropharyngeal swab should be performed preferentially if only one sample can be taken.

** In outpatient settings, it may be difficult to obtain samples from the lower respiratory tract in children. In these instances, two specimens from the upper respiratory tract (e.g. a nasopharyngeal wash and a throat swab) are acceptable.

- Each specimen should be labeled with **date of collection**, **specimen type**, and **patient name**. Because culture is not recommended in these cases, please note clearly on the form that this is a suspect case of avian influenza A (H5N1).

- Specimens should be sent **cold** using an overnight courier.

- Send to: California Department of Public Health
Viral and Rickettsial Disease Laboratory
Specimen Receiving
850 Marina Bay Parkway
Richmond, CA 94804

- Please do not send specimens on a Friday. Refrigerate over the weekend & send on Monday.

IMPORTANT: please complete the form below and submit with specimens

Patient's last name, first name			Patient's mailing address (including Zip code)		Route to: <input type="checkbox"/> SERO <input type="checkbox"/> ISOL <input type="checkbox"/> FA <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Age or DOB:	Sex (circle): M F	Onset Date:	This section for Virus Laboratory use only. Date received by VRDL and State Accession Number		
1 st	Specimen type and/or specimen source	Date Collected	1 st		
2 nd	Specimen type and/or specimen source	Date Collected	2 nd		
3 rd	Specimen type and/or specimen source	Date Collected	3 rd		
4 th	Specimen type and/or specimen source	Date Collected	4 th		
Please provide clinical findings and/or pertinent laboratory data					

Questions? Call David Cottam at (510) 307-8585

Submitter: _____ Phone: _____ Fax: _____