California Department of Public Health – Viral and Rickettsial Disease Laboratory

INFLUENZA Reference Examination Supplemental Information

1. Fill out one VRDL General Purpose Laboratory Submittal Form per sample

2. On the General Purpose Submittal form in the “Test(s) Requested” space enter either Typing/subtyping, Strain Typing or Antiviral Resistance

3. Complete the information below and send one copy with the individual submittal forms (last name, first name and local specimen # will be used to link both forms together)

Last Name: __________________________________ First Name: _____________________
Local Specimen #: ________________ Occupation: __________________________________
Test Requested: [ ] Typing/Subtyping [ ] Strain typing [ ] Antiviral Resistance
Original Source of Specimen: ______________________________________________________

Description of Submitted Material:
[ ] Isolate Supernatant [ ] Original Specimen [ ] Nucleic Acid (NA)
[ ] other (describe):______________________________________________________________

Shipped Temperature: [ ] Room temp [ ] Cold Pack [ ] Frozen

Molecular Identification Methods Used by Local Laboratory

rt RT-PCR Platform: _____________________________________________________________

rt RT-PCR Results (include Ct values): ______________________________________________

Source of Molecular Reagent: [ ] VRDL [ ] CDC
[ ] other _________________________________________________________________

Submitter Secure Fax# to report results (____) _____-______

(see reverse side for submittal instructions and space for additional details)
Sample Type and Shipping Instructions

Transport of original specimens:
- Submit ~0.75ml of the original specimen.
- Ideally ship frozen on dry ice.
- An overnight shipment at 4C (cold packs) can be done as alternative.

Additional Space for Unusual Clinical Findings, Travel History and Risk Factors

Supplemental Questions:

1) Did patient travel within the last 10 days before onset of symptoms?  [ ] Yes  [ ] No
   If YES, where?

2) Did patient become infected in an outbreak setting*?  [ ] Yes  [ ] No
   If YES, name of location/setting?

3) Did patient receive seasonal influenza vaccination ≥ 14 days prior to onset of symptoms?  [ ] Yes  [ ] No
   If yes, how many doses? ________________

4) Is patient taking antiviral drugs?  [ ] Yes  [ ] No
   If YES, what drug? ____________________________ and date started ____/____/____