

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 \geq 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 ____/____/____