

Viral and Rickettsial Disease Specimen Submittal Form for Sentinel Providers

- Please use 1 form per patient
- Each specimen should be labeled with date of collection, specimen type, and patient name.
- Specimens should be sent cold using an overnight courier
- Send to State Laboratory: **Specimen Receiving/Influenza Surveillance
850 Marina Bay Parkway
Richmond, CA 94804**
- Please do not send specimens on Friday.** Refrigerate over the weekend and 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)		
Age or DOB:	Sex (circle): M F	Onset Date:	County		
Disease suspected or test requested: Influenza and Other Respiratory Viruses			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		
Was this specimen tested by influenza rapid antigen test? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of test used:			
If yes, rapid test result was: <input type="checkbox"/> Flu A Positive <input type="checkbox"/> Flu B Positive <input type="checkbox"/> Negative		<input type="checkbox"/> QuickVue (flu/non-flu, blue box) <input type="checkbox"/> QuickVue (flu A/flu B, purple box) <input type="checkbox"/> BinaxNow (flu A/flu B) <input type="checkbox"/> Other _____			
Please provide clinical findings and/or pertinent laboratory data:					
<input type="checkbox"/> fever to _____ F <input type="checkbox"/> malaise <input type="checkbox"/> lymphadenopathy <input type="checkbox"/> bronchiolitis / bronchitis <input type="checkbox"/> chills <input type="checkbox"/> headache <input type="checkbox"/> croup <input type="checkbox"/> pharyngitis <input type="checkbox"/> generalized aches <input type="checkbox"/> cough <input type="checkbox"/> pneumonia <input type="checkbox"/> ARDS <input type="checkbox"/> sore throat <input type="checkbox"/> shortness of breath <input type="checkbox"/> altered mental status <input type="checkbox"/> nausea/vomiting/diarrhea					
Did patient travel within the last 10 days before onset of symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, where? _____					
Did patient become infected in an outbreak setting*? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES, name of location/setting? _____					
* If specimen is from a long term care facility outbreak, please fill out the VRDL Long-Term Care Facility Respiratory Outbreak Form					
Did patient receive seasonal influenza vaccination \geq 14 days prior to onset of symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many doses? _____					
Is patient taking antiviral drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what drug? _____ Date started ____/____/____					
Patient Height _____ Weight _____ (for calculating BMI) Is patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Questions? Call Chris Anderson at (510) 307-8585

Submitter: Phone: ()

Fax: ()

Sentinel Provider:

Dongxiang Xia MD, PhD, Chief
Viral and Rickettsial Disease Laboratory
California Department of Public Health
850 Marina Bay Parkway
Richmond, CA 94804
Phone (510) 307-8585 fax (510) 307-8578