

**California Department of Public Health – Viral and Rickettsial Disease Laboratory**  
**Influenza or other Respiratory Illnesses Specimen Submittal Form**  
**Specimen Collection and Submittal Instructions**

- The optimal sample for most respiratory illnesses is a nasopharyngeal (NP) swab. If this sample cannot be obtained, then please collect a throat swab and a nasal swab. Place the NP swab or both the throat and nasal swabs into a single container with viral transport media (VTM). Break off the handle(s) of the swabs far enough down to make sure that the cap will seal tightly to prevent leakage.
- If patient is hospitalized with pneumonia, it is recommended that specimens from the lower respiratory tract (tracheal aspirate, bronchial lavage) should also be submitted.
- Please use Dacron-tipped swabs with wire or plastic handles. Cotton-tipped, calcium alginate, and swabs with wooden handles may be toxic and are unsatisfactory.
- Please use only a viral transport medium. LQ Stuart (green or red top), Amies (with or without charcoal) and A.C.T.I. are bacterial media and contain antiviral substances rendering the sample unsatisfactory for viral testing.
- Please use one (1) submittal form per patient
- Each specimen should be labeled with **date of collection, specimen type, and patient name.**
- Specimens should be sent **cold** (use cold packs – not wet ice) via an **overnight courier**
- Send to State Laboratory:                   Specimen Receiving / Influenza Surveillance  
   850 Marina Bay Parkway  
   Richmond, CA 94804   (510) 307-8585
- **Please do not send specimens on a Friday.** Refrigerate over the weekend and send on Monday.

**Patient and Sample Information (AT A MINIMUM, PLEASE COMPLETE THE BOLDDED BOXES)**

<b>Patient's last name, first name</b>			Patient's mailing address (including Zip code)		Route to: [ ] PCR [ ] ISOL
<b>Age or DOB:</b>	<b>Sex (circle):</b> M    F	<b>Onset Date:</b>	<b>COUNTY:</b> _____		
Disease suspected or test requested - <u>Check one:</u> [ ] <b>Influenza</b> [ ] <b>other respiratory virus</b>			Is this sample part of a special project? <u>Check one:</u> [ ] <i>Pediatric Severe Influenza Project</i> [ ] <i>Severe Illness Laboratory Surveillance Project</i>		
<b>1<sup>st</sup></b>	Specimen type and/or specimen source	<b>Date Collected</b>	<b>1<sup>st</sup></b>		
<b>2<sup>nd</sup></b>	Specimen type and/or specimen source	<b>Date Collected</b>	<b>2<sup>nd</sup></b>		
<b>Type or print submitter's complete mailing address</b>			Dongxiang Xia, MD, PhD, D(ABMM), SV(ASCP), Chief Viral and Rickettsial Disease Laboratory 850 Marina Bay Parkway Richmond, CA 94804 Phone (510) 307-8585 Fax (510) 307-8578 <span style="float: right;">Rev 10/2/13</span>		
<b>Local Laboratory Results:</b> Was this specimen tested by a rapid antigen test? [ ] Yes [ ] No    If yes, result: [ ] Positive [ ] Negative					
<b>Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data)</b>					
Outbreak setting? [ ] Yes [ ] No If yes, setting: [ ] school [ ] hospital [ ] LTCF [ ] Prison    Other [ ]: _____			[ ] Fever to _____°F    [ ] Cough [ ] Sore throat                    [ ] Nausea/vomiting/diarrhea [ ] Altered Mental Status    [ ] Shortness of breath [ ] Other, please describe:		
Health Care Worker? [ ] Yes [ ] No Is patient pregnant? [ ] Yes [ ] No Has patient received current Influenza vaccine? [ ] Yes [ ] No [ ] Unk			Is patient hospitalized? [ ] Yes [ ] No Is patient in the ICU? [ ] Yes [ ] No Antiviral treatment? [ ] Yes [ ] No If yes, list drug and start date:		
Other relevant information:					

Submitting Physician: \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

Submitting Facility: \_\_\_\_\_

Submitting Facility Phone# (\_\_\_\_\_) \_\_\_\_\_ and Fax# (\_\_\_\_\_) \_\_\_\_\_