

**California Department of Public Health - Viral and Rickettsial Disease Laboratory**  
**INFLUENZA- Reference Examination (Respiratory and GI Unit)**  
**(for non-Influenza samples please use the "Virus Isolate for Identification" submittal form)**

(see reverse side for submittal instructions and space for additional details)

Patient's Last Name, First Name:	Age or DOB	Sex	Occupation and/or travel history:
Test Requested: <input type="checkbox"/> Typing/Subtyping <input type="checkbox"/> Straintyping <input type="checkbox"/> Antiviral Resistance	Onset Date	Major Clinical Findings:	
Original Source of Specimen:	Date Collected		

Description of Material Submitted: <input type="checkbox"/> Isolate Supernatant <input type="checkbox"/> Infected Cell Culture Monolayer <input type="checkbox"/> Original Specimen <input type="checkbox"/> Nucleic Acid (NA) <input type="checkbox"/> other (describe)  Ship.Temp: <input type="checkbox"/> Room temp <input type="checkbox"/> 4C <input type="checkbox"/> Frozen ]	Cell Type and Passage Number:	Local Lab #	Date Received at VRDL and Laboratory Accession #

**Isolation Method of Detection (Results of Local Laboratory)**

Host and Passage History	Description of CPE	Days Post Inoc. CPE First Noted	Hemadsorption Test			Other Results
			Type RBC Used	Days Post Inoc	Results	

**Isolation Identification Method Used by Local Laboratory**

Specific Immune Serum/ Conjugate Used	Method (IF,other)	Result	Sources of Immune Sera/ Conjugate (Species, Manuf,Lot#)

**Molecular Identification Methods Used by Local Laboratory**

rt RT-PCR Platform	rt RT-PCR Results (include Ct values) (typing and subtyping)	Source of Molecular Reagents <input type="checkbox"/> VRDL ; <input type="checkbox"/> CDC; <input type="checkbox"/> others

**Report of State Laboratory Findings**

Method Used	Results	Report Date(s)
<input type="checkbox"/> MDCK <input type="checkbox"/> mod-MDCK <input type="checkbox"/> Primary MK <input type="checkbox"/> _____	<input type="checkbox"/> Virus/Agent Identified:  <input type="checkbox"/> No Virus Agent found in material submitted.	Preliminary Report
<input type="checkbox"/> rRT- PCR VRDL <input type="checkbox"/> rRT-PCR Flu Panel (IVD) <input type="checkbox"/> rRT-PCR 2009 A(H1N1)pdm <input type="checkbox"/> _____	<input type="checkbox"/> Efforts to identify this agent have been unsuccessful thus far. Further studies will continue	Final Report

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**Submitter Secure Fax# to report results ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_**

## Instructions for Submission of Specimens for Influenza-Reference Examination

Material Submitted:

Indicate full nomenclature and source of cell cultures used (use space below in insufficient room on the front).

Method of Detection and Identification in the Local Lab: If the original specimen is from the respiratory tract, please perform and record the results of the hemadsorption test using guinea pig RBC.

Transportation of specimens for Influenza Reference Examination:

- 1) Transport of monolayer cell culture isolates.
  - Submit an aliquot of original specimen (~0.75 ml) when possible.
  - Don't fill tubes with maintenance media.
  - Ship overnight at 4C (cold packs) when original specimen is included.
- 2) Transport of cell culture supernatant:
  - Submit an aliquot of original specimen (~0.75 ml) when possible.
  - Retain some of the isolate at local laboratory
  - Ideally ship frozen on dry ice.
  - An overnight shipment at 4C (cold packs) can be done as alternative.
- 3) Transport of original specimens and Nuclei Acid (NA):
  - Submit ~0.75 of the original specimen and ~50ul of NA.
  - VRDL will be test NA when discrepant results are found. Do not send NA only.
  - Ideally ship frozen on dry ice.
  - An overnight shipment at 4C (cold packs) can be done as alternative.

Additional Space for Major 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? \_\_\_\_\_

\* If specimen is from a long term care facility outbreak, please fill out the VRDL Long-Term Care Facility Respiratory Outbreak Form

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? \_\_\_\_\_ **Date started** \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional Space for Description of Methods of Detection, Identification Methods Used and/or Other Comments/Observations