

# Non-Influenza Respiratory Disease (NIRD) Surveillance Submittal Form

California Department of Public Health – Viral and Rickettsial Disease Laboratory

Please send a minimum of **0.7 ml** of original respiratory specimen on cold pack to:  
**CDPH/Specimen Receiving – NIRD Surveillance**  
**850 Marina Bay Parkway**  
**Richmond, CA 94804**  
**(510) 307-8585**

For more information about specimen submission, please contact:  
**VRDL Medical Records Unit (510) 307-8585** [VRDL.Mail@cdph.ca.gov](mailto:VRDL.Mail@cdph.ca.gov)  
**Alice Chen, MPH (510) 307-8630** [Alice.Chen@cdph.ca.gov](mailto:Alice.Chen@cdph.ca.gov)

### 1. Patient and Specimen Information:

Patient's last name, first name:			Patient's county of residence:		
Age:	Sex (circle): M    F	Date of Illness onset:	<b><i>This section is for VRDL use only.</i></b> <b>Date received by VRDL and VRDL Accession Number:</b>		
1 <sup>st</sup>	Specimen Type and/or Source:	Date Collected:	1 <sup>st</sup>		
2 <sup>nd</sup>	Specimen Type and/or Source:	Date Collected:	2 <sup>nd</sup>		
<b>Submitter's complete mailing address:</b>  Secure fax number: ( _____ ) _____ - _____			Dongxiang Xia, MD, PhD, D(ABMM), SV(ASCP), 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		

### 2. Clinical Information:

<b>Fatality?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Immunocompromised?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>History of asthma?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Patient hospitalized?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Was Patient in ICU?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>Respiratory/ Clinical findings:</b> <input type="checkbox"/> Fever to _____°F <input type="checkbox"/> Upper respiratory infection <input type="checkbox"/> Rhinitis/ Runny nose <input type="checkbox"/> Cough <input type="checkbox"/> Pharyngitis <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Coryza	<input type="checkbox"/> Croup <input type="checkbox"/> Bronchiolitis / Bronchitis <input type="checkbox"/> Pneumonia <input type="checkbox"/> ARDS (acute respiratory distress syndrome) <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Headache <input type="checkbox"/> Jaundice <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Rash (describe below) <input type="checkbox"/> Parotitis <input type="checkbox"/> <b>Other symptoms:</b> _____ _____ _____
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### 3. Previous Laboratory Findings: *Please list relevant laboratory results for this specimen/patient*

<input type="checkbox"/> Influenza A, Subtype: _____ <input type="checkbox"/> Influenza B Other virus/agent identified: _____
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