



CITY AND COUNTY OF SAN FRANCISCO
PUBLIC HEALTH LABORATORY
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For Laboratory Use Only

 Laboratory Number

 Date/Time Received

INFLUENZA (FLU) SPECIMEN SUBMISSION FORM

PLEASE ATTACH PRE-PRINTED LABEL or PRINT CLEARLY

Patient's Name: _____ Gender: _____ DOB: _____ Race/Ethnicity: _____
 Last, First

Address: _____ Phone: _____

City / State: _____ Zip Code: _____

Submitted By (Hospital) _____ Requesting Clinician: _____

(Clinic)

MRN#: _____ Phone Number: _____ Fax Number: _____

CHECK BOTH SOURCE & CRITERIA FOR TESTING & INDICATE DATE COLLECTED

DATE SPECIMEN COLLECTED: _____ (Collect specimen within 5 days of symptom onset.)

SPECIMEN SOURCE:

- Nasopharyngeal Swab Nasopharyngeal Aspirate Nasal Wash Nasal Aspirate
 Oropharyngeal (Throat) Swab Nasal Swab Other _____

VIROLOGY

- Influenza PCR Screen

CRITERIA FOR TESTING (REQUIRED):

Submit respiratory specimens ONLY from patients who meet one of the criteria below:

- Patients who have an undiagnosed severe acute febrile respiratory illness requiring hospitalization.
Symptom Onset Date: ___/___/___ Unknown
- Probable or confirmed influenza **Symptom Onset Date:** ___/___/___ Unknown
- Influenza-like illness: fever $\geq 37.8^{\circ}\text{C}$ (100°F), **AND sore throat or cough**
 Fever ($\geq 37.8^{\circ}\text{C}/100^{\circ}\text{F}$) Max Temp _____ C F
AND: Cough Sore Throat Other _____
Symptom Onset Date: ___/___/___ Unknown

AND who are at least one of the following (check all that apply):

- Died
- Admitted to the Hospital? ICU? Yes No
 Date admitted ___/___/___ Date Discharged ___/___/___ Still Hospitalized?
- Live in a Long Term Care Facility
- Recent travel (within ≤ 10 days of illness onset) to a country where variant or novel flu has been detected
- Recent contact (within ≤ 10 days of illness onset) with a confirmed or probable case of variant or novel flu

Specimens not meeting above criteria will not be tested.

If symptom and exposure information is incomplete, this form will be faxed back to you. Please provide fax back number.

Fax Number: _____ Phone Number: _____

**Report all fatal cases of suspected or confirmed Influenza to SFPDH Disease Control
 (415) 554-2830**