

## Viral and Rickettsial Disease Specimen Submittal Form for Influenza or other Respiratory Illnesses

- 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 a Friday.** Refrigerate over the weekend & 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)			Route to: [ ] SERO [ ] ISOL [ ] FA [ ] PCR [ ] _____
Age or DOB:	Sex (circle): M   F	Onset Date:	County _____			
Disease suspected or test requested: <b>Influenza and Other Respiratory Viruses</b>			<b>This section for Virus Laboratory use only.</b> <b>Date received by VRDL and State Accession Number</b>			
1 <sup>st</sup>	Specimen type and/or specimen source	Date Collected				1 <sup>st</sup>
2 <sup>nd</sup>	Specimen type and/or specimen source	Date Collected				2 <sup>nd</sup>
Was this specimen tested by influenza rapid antigen test? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, rapid test result was: <input type="checkbox"/> Positive <input type="checkbox"/> Negative						
<b>Please provide clinical findings and/or pertinent laboratory data:</b> <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 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? _____ <small>* If specimen is from a long term care facility outbreak, please fill out the VRDL Long-Term Care Facility Respiratory Outbreak Form</small>  Did patient receive this season's influenza vaccination ≥ 14 days prior to onset of symptoms? <input type="checkbox"/> Yes <input type="checkbox"/> No  Is patient taking antiviral drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No     If YES, what drug? _____						

**Reporting of culture results may require 14 days or more. Viral culture requires at least 14 days of incubation before negative results can be reported. Positive cultures may be reported within several days to ≥14 days of incubation.**

**Questions? Call Erica Boston at (510) 307-8503**

Submitter: Phone: (       )

Fax: (       )

**Sentinel Provider:**

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