

INFLUENZA SURVEILLANCE SUBMISSION FORM

2015-2016

State of Idaho
 BUREAU OF LABORATORIES
 2220 Old Penitentiary Road
 Boise, ID 83712
 208-334-0594

Patient Information		Submitter Information / Mailing Address																																	
Last Name	First Name	Facility Name																																	
Address		Facility Mailing Address																																	
City, State, ZIP	County	Facility City, State, ZIP																																	
Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number	Fax Number																																
Comments		Doctor name																																	
Specimen Information																																			
Specimen Collection Date	Onset Date	Specimens submitted for Influenza surveillance will be tested by an algorithm that includes detection of seasonal and novel influenza subtypes. Specimens testing negative for influenza will typically be cultured for Parainfluenza 1, 2, 3; Adenovirus; RSV.																																	
<p>SPECIMEN TYPE:</p> <p style="text-align: center;"><i>Swab specimens must be submitted in Viral Transport Media (VTM).</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> Upper Respiratory Specimen type: <input type="checkbox"/> Nasopharyngeal Swab (VTM) <input type="checkbox"/> Nasal Swab (VTM) <input type="checkbox"/> Dual Nasopharyngeal / Throat Swabs (VTM) <input type="checkbox"/> Nasal Aspirate or Wash </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> Lower Respiratory Specimen type: <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Tracheal Aspirate <input type="checkbox"/> Sputum <input type="checkbox"/> Lung Tissue </td> </tr> </table>				Upper Respiratory Specimen type: <input type="checkbox"/> Nasopharyngeal Swab (VTM) <input type="checkbox"/> Nasal Swab (VTM) <input type="checkbox"/> Dual Nasopharyngeal / Throat Swabs (VTM) <input type="checkbox"/> Nasal Aspirate or Wash	Lower Respiratory Specimen type: <input type="checkbox"/> Bronchoalveolar Lavage <input type="checkbox"/> Bronchial Wash <input type="checkbox"/> Tracheal Aspirate <input type="checkbox"/> Sputum <input type="checkbox"/> Lung Tissue																														
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Additional Copy To:																																			
Institution Name		<p>NOTE: Influenza specimens should be tested within 72 hours of collection for optimal virus recovery. If testing of a fresh specimen is not possible within 72 hours of collection, the specimen may be frozen at ≤ 72°C and tested at a later date.</p>																																	
Institution Mailing Address																																			
Institution City, State, ZIP																																			
Telephone Number	Fax Number																																		

For free shipping call the Idaho Bureau of Laboratories at 208-334-0594. Influenza testing is performed at no charge.