DO NOT USE THIS SPACE

**PRINT, LABEL OR STAMP: *COMPLETE ONE FORM PER SPECIMEN***

|  |  |
| --- | --- |
| 1. **Submitting Facility (Receives Test Result):**[ ]  sentinel site

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Facility / Laboratory Name *(required)*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone # Secure Fax #: | **2. Patient Info:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name, First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City, State Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient ID: Phone #: |
| **4. Sex:** [ ]  M [ ]  F [ ]  Other **DOB:\_\_\_\_\_\_\_\_\_** |
| **5. Race:** (Check One)[ ]  American Indian or Alaska Native [ ]  Asian[ ]  Black or African American [ ]  White☐ Native Hawaiian or Pacific Islander [ ]  Other |
| 1. **Ordering Clinician/ Phone# *(required)*:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Clinician Name (*First and Last Name)* Phone number# |
| **6. Ethnicity:** [ ]  Hispanic or Latino [ ]  Non-Hispanic or Latino |

**7. Test Requested:**

[ ]  Influenza Typing

(Influenza typing – all specimens. Note: Flu negative NP swabs will be reflexed to the BioFire Respiratory Panel)

**8. Prior Flu Results:** [ ]  A+ [ ]  B+ [ ]  Flu Negative [ ]  Not screened for Influenza

**9. Collection Date:** *(required*)**\_\_\_\_\_\_\_\_\_\_\_ Date of Symptom Onset** *(required)*: \_\_\_\_\_\_\_\_\_\_

Check here [ ]  if collected & frozen (-20**º**C) on Thur/Fri,prior to beingshipped on Monday.
**9a. At time of specimen collection, patient was:** [ ]  outpatient [ ]  inpatient [ ]  Emergency Department

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| --- |
| **10. Source of Specimen:  *(required – one form per specimen)*** |
| [ ]  **Nasopharyngeal swab (NP)-** **[required for respiratory panel]** [ ]  Throat swab (TS)[ ]  Nasal aspirate (NA)[ ]  Nasal wash (NW)[ ]  Isolate (Isolation Date:\_\_\_\_\_\_\_\_\_\_\_)  **NOTE:** DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES. | [ ]  Bronchoalveolar lavage (BAL)[ ]  Tracheal aspirate (TA)[ ]  Bronchial wash (BW)[ ]  Lung tissue: post-mortem (unfixed)[ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**11. Additional Patient Information:**

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| --- |
| Symptoms: [ ]  fever [ ]  cough [ ]  sore throat  [ ]  Other symptoms, if known: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |