DO NOT USE THIS SPACE

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

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| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |