

DO NOT  
USE THIS  
SPACE

**COMPLETE ONE FORM PER SPECIMEN**

<b>1. Submitting Facility (Receives Test Result):</b> <input type="checkbox"/> sentinel site  _____ Facility / Laboratory Name ( <i>required</i> )  _____ Street Address  _____ City, State                      Zip  _____ Phone #                      Secure Fax #:	<b>2. Patient Info:</b>  _____ Last Name, First Name  _____ Street Address  _____ City, State                      Zip  _____ Patient ID:                      Phone #:
<b>3. Ordering Clinician/ Phone# (<i>required</i>):</b>  _____ Clinician Name ( <i>First and Last Name</i> )                      Phone number#	<b>4. Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other <b>DOB:</b> _____
	<b>5. Race:</b> (Check One) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other
	<b>6. Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> 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°C) on Thur/Fri, prior to being shipped on Monday.

**9a. At time of specimen collection, patient was:**    ☐ outpatient    ☐ inpatient    ☐ Emergency Department

**10. Source of Specimen:** *(required – one form per specimen)*

<input type="checkbox"/> <b>Nasopharyngeal swab (NP)- [required for respiratory panel]</b> <input type="checkbox"/> Throat swab (TS) <input type="checkbox"/> Nasal aspirate (NA) <input type="checkbox"/> Nasal wash (NW) <input type="checkbox"/> Isolate (Isolation Date: _____)	<input type="checkbox"/> Bronchoalveolar lavage (BAL) <input type="checkbox"/> Tracheal aspirate (TA) <input type="checkbox"/> Bronchial wash (BW) <input type="checkbox"/> Lung tissue: post-mortem (unfixed) <input type="checkbox"/> Other: _____
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**NOTE:** DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES.

### 11. Additional Patient Information:

Symptoms: ☐ fever ☐ cough ☐ sore throat

☐ Other symptoms, if known: \_\_\_\_\_