Massachusetts State Public Health Laboratory
305 South St, Jamaica Plain, MA 02130 - 3597
617-983-6200
CLIA # 22D0650270

RESPIRATORY SPECIMEN SUBMISSION FORM

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 #:

3. Ordering Clinician/ Phone# *(required)*:

Clinician Name (*First and Last Name)* Phone number#

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

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 a Respiratory Panel)

8. Prior Flu Results: ☐ A+ ☐ B+ ☐ Flu Negative ☐ Not screened for Influenza

Test Platform or Method used: _____

9. Collection Date: *(required)*_____ **Date of Symptom Onset** *(required)*: _____
Check here ☐ if collected & frozen (-20ºC) 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)***

☐ **Nasopharyngeal swab (NP)- [required for respiratory panel]**
☐ Throat swab (TS)
☐ Nasal aspirate (NA)
☐ Nasal wash (NW)
☐ Isolate (Isolation Date:_____)
☐ Bronchoalveolar lavage (BAL)
☐ Tracheal aspirate (TA)
☐ Bronchial wash (BW)
☐ Lung tissue: post-mortem (unfixed)
☐ Other: _____

NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES.

11. Additional Patient Information:

Symptoms: ☐ fever ☐ cough ☐ sore throat

☐ Other symptoms, if known: _____