

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

CLIA # 22D0650270

DO NOT USE THIS SPACE

RESPIRATORY SPECIMEN SUBMISSION FORM

□ Black or African American □ White □ Native Hawaiian or Pacific Islander □ Other	PRINT, LABEL OR STAMP:	COMPLETE ONE FORM PER SPECIMEN
Street Address Street Address Street Address City, State	1. Submitting Facility (Receives Test Result): sentinel site	2. Patient Info:
Street Address Street Address Street Address City, State		
Street Address Street Address City, State Zip Patient ID: Phone #:		Last Name, First Name
Street Address City, State	Facility / Laboratory Name (required)	
City, State Zip Patient ID:		Street Address
Phone # Secure Fax #:	Street Address	
Phone # Secure Fax #: 4. Sex: M F Other DOB:		City, State Zip
## Secure Fax #: 4. Sex: M F Other DOB:	City, State Zip	- N
4. Sex: M F Other DOB:		Patient ID: Phone #:
5. Race: (Check One) American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Pacific Islander Other	Phone # Secure Fax #:	
American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Pacific Islander Other		4. Sex: □ M □ F □ Other DOB:
American Indian or Alaska Native Asian Black or African American White Native Hawaiian or Pacific Islander Other		5. Race: (Check One)
Native Hawaiian or Pacific Islander Other	3. Ordering Clinician/ Phone# (required):	-
Clinician Name (First and Last Name) Phone number# 6. Ethnicity: Hispanic or Latino Non-Hispanic or Latino Note: The Required Note: Day Swabs will be reflexed to a Respiratory Panel) Date of Symptom Onset (required): Date of Symptom Onset (requ	_	
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+		☐ Native Hawaiian or Pacific Islander ☐ Other
Influenza Typing (Influenza typing – all specimens. Note: Flu negative NP swabs will be reflexed to a Respiratory Panel) 8. Prior Flu Results:	Clinician Name (First and Last Name) Phone number#	6. Ethnicity: ☐ Hispanic or Latino ☐ Non-Hispanic or Latino
Influenza Typing (Influenza typing – all specimens. Note: Flu negative NP swabs will be reflexed to a Respiratory Panel) 8. Prior Flu Results:		
(Influenza typing – all specimens. Note: Flu negative NP swabs will be reflexed to a Respiratory Panel) 8. Prior Flu Results:	-	
8. Prior Flu Results:A+B+Flu NegativeNot screened for Influenza Test Platform or Method used: 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) Nasopharyngeal swab (NP)- [required for respiratory panel] Bronchoalveolar lavage (BAL) Tracheal aspirate (TA) Nasal aspirate (NA) Bronchial wash (BW) Nasal wash (NW) Lung tissue: post-mortem (unfixed) Isolate (Isolation Date:) Other: NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES.	• • • • • • • • • • • • • • • • • • • •	
Test Platform or Method used:	(Influenza typing – all specimens. Note: Fit negative NP swabs will be reflexed to a Respiratory Panel)	
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) \(\) Nasopharyngeal swab (NP)- [required for respiratory panel] \(\) Bronchoalveolar lavage (BAL) \(\) Tracheal aspirate (TA) \(\) Nasal aspirate (NA) \(\) Bronchial wash (BW) \(\) Nasal wash (NW) \(\) Lung tissue: post-mortem (unfixed) \(\) Isolate (Isolation Date:) \(\) Other: \(\) Other: \(\) Other: \(\) NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES.	8. Prior Flu Results: A+ B+ Flu Negative Not screened for Influenza	
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) Nasopharyngeal swab (NP)- [required for respiratory panel] Bronchoalveolar lavage (BAL) Throat swab (TS) Tracheal aspirate (TA) Nasal aspirate (NA) Bronchial wash (BW) Nasal wash (NW) Lung tissue: post-mortem (unfixed) Isolate (Isolation Date: Other: NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES.	Test Platform or Method used:	
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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:		
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 □ Throat swab (TS) □ Nasal aspirate (NA) □ Bronchial wash (BW) □ Lung tissue: post-mortem (unfixed) □ Isolate (Isolation Date:) □ Other: NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES. 11. Additional Patient Information:	10. Source of Specimen: (required - one form per specimen)	
□ Nasal aspirate (NA) □ Bronchial wash (BW) □ Nasal wash (NW) □ Lung tissue: post-mortem (unfixed) □ Isolate (Isolation Date:) □ Other: NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES. 11. Additional Patient Information:		anel
□ Nasal wash (NW) □ Lung tissue: post-mortem (unfixed) □ Isolate (Isolation Date:) □ Other: NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES. 11. Additional Patient Information:		-
☐ Isolate (Isolation Date:) ☐ Other: NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES. 11. Additional Patient Information:	☐ Nasal aspirate (NA)	☐ Bronchial wash (BW)
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11. Additional Patient Information:	☐ Isolate (Isolation Date:)	☐ Other:
	NOTE: DRY SWABS ARE NOT ACCEPTABLE SAMPLE TYPES.	
	11. Additional Patient Information:	
	_	
☐ Other symptoms, if known:	□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	