San Diego County Public Health Laboratory
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CLIA# 05D0060808

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PUBLIC HEALTH LAB USE ONLY

Influenza Test Requisition Form

Patient Information

(*) denotes required information

*Last Name | *First Name | Middle Name

*DOB | *Pregnancy Status | *Gender ☐M ☐F ☐M/F ☐F/M

*Address

*City, State, Zip

*Phone # | MRN/ID#

*Patient Status: ☐Outpatient ☐Hospitalized ☐ICU ☐Outbreak ☐Inmate ☐Pediatric ☐Severe Illness ☐Fatal Outbreak Case#

*Race ☐American Indian/ Alaska Native ☐Asian Pacific Islander ☐Black/African American ☐White ☐Unknown ☐Decline

*Ethnicity ☐Hispanic/ Latino ☐Not Hispanic/ Latino ☐Unknown ☐Decline

For More Information on Extended Race and Ethnicity Click Here.

Extended Race

Extended Ethnicity

Submitter Information

NEW submitters are required to complete a Client Agreement Form before submitting specimen(s).

*Ordering Physician (FIRST NAME LAST NAME)

The physician or alternate contact completing this form confirms that they are compliant to the HIPPA Privacy Rule (45 CFR Parts 160 and 164) and that the fax number listed is a secure line to send test results.

*National Provider ID (NPI)

Please use the link below to find your physician's NPI: https://npiregistry.cms.hhs.gov/search

*Facility Name

*Address

*Phone

Email

*Alternate Contact (ie. PHN/CDI/Epi)

Specimen Information

SUBMIT ONE TEST REQUISITION FORM PER SPECIMEN SOURCE

Collection Information	*Specimen Source
*Date	☐ Nasopharynx ☐ Nasal ☐ Nasal Aspirate ☐ Nasal/Oropharynx Combined
Time	☐ Oropharynx ☐ Buccal ☐ BAL ☐ Conjunctival ☐ Throat
Collected By	☐ Lower Respiratory Tract (Please Specify)_____

Clinical Information

Patient experiencing symptoms: ☐ YES ☐ NO

Date of symptom onset:

Symptoms (check all that apply below):

☐ Fever or chills ☐ Diarrhea ☐ Shortness of Breath
☐ Cough ☐ Headache ☐ Nausea or vomiting
☐ Sore Throat ☐ Fatigue ☐ Muscle or body aches
☐ Congestion or runny nose ☐ Loss of Smell and Taste
☐ Conjunctivitis ☐ Other: _____

Known Exposure to H5N1 (e.g., exposure to ill birds/livestock, raw milk or animal product, person who tested positive for H5N1)

Influenza Vaccine: ☐ YES,Vaccine Date:_____ ☐ NO

Antiviral Treatment: ☐ YES,Treatment Date:_____ ☐ NO

Test Information

Influenza PCR Previous Result: ☐ A ☐ B

Subtyping Completed: ☐ YES ☐ NO

Subtyping Result: ☐ H1 ☐ H3 ☐ Unsubtypeable ☐ N/A

Ct value (if applicable):

*Specimen(s) tested at San Diego County Public Health Modular Laboratory located at 5587 Overland Avenue, San Diego, CA 92123 CLIA# 05D2274872
Submitters may incur fees for testing, in accordance with the board-approved fee schedule available on the San Diego County Public Health Laboratory website.