

LABORATORY TEST REQUEST FORM Influenza PCR to Identify H1N1 (Swine flu) Date Rec'dVentura County Public Health Services
Public Health Laboratory2240 E. Gonzales Rd. Ste #160
Oxnard, CA. 93036
Phone: (805) 981-5131 Fax: (805) 981-5130**Brett Austin, MA, PHM**
Laboratory Director
brett.austin@ventura.org**ALL INFORMATION MUST BE PROVIDED SO THAT SPECIMENS CAN BE PRIORITIZED. Submittals without information may delay testing.**

PATIENT NAME: LAST FIRST MI		DOB / /	SEX M F
STREET ADDRESS APT#		CITY	STATE ZIP
ORDERING PHYSICIAN (REQUIRED)	SUBMITTING PROVIDER (if not ordering physician)	PATIENT CHT # (if available)	DATE & TIME COLLECTED
Physician STREET ADDRESS		CITY	STATE ZIP

Submitting Physician must provide a contact number, or a pager number Phone# ()

Submitting Facility: Fax# ()

Influenza-Like_Illness (ILI) defined: a febrile respiratory illness with recent onset with a fever of 100°F or greater AND at least two of the following:

a] rhinorrhea or nasal congestion, b] sore throat, c] cough

Testing Guidelines: the following patients are prioritized for testing:

Hospitalized patients with ILI, Direct care healthcare providers with ILI, First case with ILI in a high-risk setting for transmission (e.g., jail, school, shelter, long-term care), Patient is part of an outbreak or cluster of people with ILI

Clinical Information (fill in or check as pertinent) Date of onset of illness**Clinical Findings**

- ☐ Fever to _____ °F ☐ Chills
☐ Generalized aches ☐ Joint aches or stiffness
☐ Malaise ☐ Lymphadenopathy
☐ Cough ☐ Headache
☐ nausea ☐ diarrhea

Please attach physician summary notes, other clinical findings and/or pertinent laboratory data:

- Is patient hospitalized? ☐ Yes ☐ No
 Is patient a health care Provider ☐ Yes ☐ No
 Is patient in a high-risk setting for transmission? ☐ Yes ☐ No
 Is patient part of a cluster of ILI? ☐ Yes ☐ No (Must provide Ventura Communicable Disease control notification)

- Each specimen should be labeled with: **date of collection, specimen type, and patient name.**

1] Acceptable Specimens:

At a minimum, collect a nasopharyngeal swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Oropharyngeal (throat) swabs are acceptable, but may not have as high of a yield. Place the swabs in a standard container with 2-3 ml of viral transport media (VTM).

The same transport tube can be use for all swabs.

DO NOT USE COTTON OR CALCIUM ALGINATE SWABS OR SWABS WITH A WOODEN SHAFT.

Use of these swabs invalidates the specimen and may cause us to reject the sample.

In the absence of VTM, sterile saline can be substituted, but every effort should be made to transport the specimen so that it reaches the Public Health Laboratory within 24 hours.

- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained. Refrigerate and transport within 24 hours.

Specimen Storage and Shipment:

The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70 °C or below and shipped on dry ice. Specimens should be shipped per usual protocol to your local public health laboratory at:

Ventura County Public Health Laboratory, 2240 E. Gonzales Rd, Suite 160, Oxnard, CA 93036
Phone # for questions: (805) 981-5131