

Sutter County Public Health Laboratory

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H1N1 (Swine) Influenza Submittal Form

Onset date	Date Collected	Date	and	Time Received
_____	_____	_____	_____	_____
Last Name	First Name	Medical record or Unique id number		
_____	_____	_____		
Date of Birth	Age	Sex		
_____	_____	<input type="checkbox"/> F <input type="checkbox"/> M		

Submitter

Physician _____ Telephone _____ Fax _____
Street Address _____ City _____ State _____ Zip _____

Type of Specimen

Nasopharyngeal swab - 1
 Nasopharyngeal swabs -2 Other...
 Nasopharyngeal wash
 Nasopharyngeal aspirate
 Oropharyngeal (Throat Swab) MUST also have a specimen from the nasopharynx

Submitter Laboratory Test Results

Rapid antigen test? Not tested Yes A+ B+ Negative

Epidemiological Information

Travel to Mexico or a county with confirmed case within the past 30 days* Yes No
Contact with pigs Yes No Contact to lab-confirmed swine flu case Yes No
If yes, what type of contact Household Health care worker Other close contact
Outbreak setting No School Long Term Care Facility Other...

Clinical Information

Fever No Yes Temp _____⁰ Sore throat Yes No Cough Yes No
 Nausea Vomiting Diarrhea No Shortness of breath Yes No
Altered mental status Yes No Patient hospitalized Yes No In ICU? Yes No
Treated with Antivirals Yes No If yes drug & date started _____

Additional information
