Utah Department of Health & Human Services

Influenza Surveillance Request Form

Revised 10/2025

Patient Information	Submitter Information
Last Name (Required):	**Customer Provider Code (Required):**
First Name (Required):	Submitting Institution's Name:
Date of Birth (Required):	Submitting Institution's Address:
Gender (Required): ☐ Male ☐ Female	City, State, Zip Code:
Zip Code(**Required**):	Telephone Number:
Address, City, State, County:	Practitioner's Full Name:
Telephone Number:	Practitioner's Phone number:

Date of Collection (Required):

Specimen Source/Type (Required):

- ☐ Nasopharyngeal Swab; NPS (in VTM)
- ☐ Nasal Swab (in VTM)
- ☐ Throat Swab (in VTM)
- ☐ Nasopharyngeal/Throat Swab (in VTM)
- ☐ BAL
- ☐ Nasal Aspirate
- ☐ Tracheal Aspirate
- ☐ Sputum
- ☐ Lung Tissue
- ☐ Cell Culture Isolate (Cell Line Used:_____)
- ☐ Other: _____

Reason for Submission: ☐ Influenza Surveillance ☐ Epidemiologist requested sample to be sent

Additional Information (Required):

- ☐ Non-Hospitalized
- ☐ Hospitalized
- ☐ Travel History (Places & Dates)
- ☐ Swine Contact
- ☐ Avian (Bird) Contact
- ☐ Cattle Contact

Your Test Results (Required):

- ☐ Positive Influenza A; Subtype _____
- ☐ Positive Influenza B
- ☐ Positive Influenza A and B
- ☐ Positive Influenza A (Unknown Subtype)
- ☐ Positive SARS CoV-2
- ☐ Negative SARS CoV-2
- ☐ Not Tested SARS CoV-2
- ☐ **Other (Specify):**_____

Which test method did you use (Required)

PCR:

- ☐ Luminex xTAG Respiratory Viral Panel
- ☐ Panther Aptima: SARS-CoV-2/Flu
- ☐ Panther Fusion SARS-Cov-2 FluA/B RSV
- ☐ BioFire FilmArray - Respiratory Panel
- ☐ BioFire FilmArray - Pneumonia Panel
- ☐ Cepheid Xpert: CoV-2/Flu/RSV plus, Flu, or Flu/RSV
- ☐ Roche cobas LIAT Influenza A/B or A/B & RSV
- ☐ Roche cobas LIAT SARS-CoV-2 Influenza A/B or A/B & RSV
- ☐ Thermo Fisher Sci. TaqPath COVID-19, Flu A/B Combo
- ☐ Alere i NAT Flu A/B
- ☐ **Other (Specify):** _____

Antigen Detection:

- ☐ BD Veritor Influenza A + B
- ☐ BinaxNOW Influenza A&B
- ☐ Directigen EZ Flu A + B
- ☐ QuickVue Influenza A&B
- ☐ TRU FLU
- ☐ Xpect Flu A & B
- ☐ Sofia Flu A&B
- ☐ **Other (Specify):** _____

For specimen/technical questions please call:
Virology staff: 801-965-2584

For questions regarding customer services/courier services please call:
Kim Kinnick-Hansen: 801-965-2522

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