



Department of Health
& **Human Services**

Utah Public
Health Laboratory

Influenza Surveillance Request Form

Revised 09/2026

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:			
Date of Collection (Required):		Specimen Source/Type:	
☐ Nasopharyngeal Swab; NPS (in VTM)		☐ BAL	
☐ Nasal Swab (in VTM)		☐ Nasal Aspirate	
☐ Throat Swab (in VTM)		☐ Traheal Aspirate (Cell Line Used: _____)	
☐ Nasopharyngeal/Throat Swab (in VTM)		☐ Sputum	
		☐ Lung Tissue	
		☐ Cell Culture Isolate	
		☐ Other: _____	
Reason for Submission: ☐ Influenza Surveillance ☐ Epidemiologist requested sample to be sent			
Additional Information (Required):			
☐ Non-Hospitalized		☐ Travel History (Places & Dates)	
☐ Hospitalized		☐ Swine Contact	
		☐ Avian (Bird) Contact	
		☐ Cattle Contact	
Your Test Results (Required):			
☐ Positive Influenza A; Subtype _____		☐ Positive ☐ Negative ☐ Not Tested SARS-CoV-2	
☐ Positive Influenza B		☐ Positive ☐ Negative ☐ Not Tested RSV	
☐ Positive Influenza A and B			
☐ Positive Influenza A (Unknown Subtype)		☐ Other (Specify): _____	
Which test method did you use Required			
PCR:		Antigen Detection:	
☐ Luminex xTAG Respiratory Viral Panel		☐ BD Veritor Influenza A + B	
☐ Panther Aptima: SARS-CoV-2/Flu		☐ BinaxNOW Influenza A&B	
☐ Panther Fusion SARS-Cov-2 FluA/B RSV		☐ Directigen EZ Flu A + B	
☐ BioFire FilmArray Respiratory Panel		☐ QuickVue Influenza A&B	
☐ BioFire FilmArray Pneumonia Panel		☐ TRU FLU	
☐ Cepheid Xpert: CoV-2/Flu/RSV plus, Flu, or Flu/RSV		☐ Xpect Flu A & B	
☐ Roche cobas LIAT Influenza A/B or A/B & RSV		☐ Sofia Flu A&B	
☐ Roche cobas LIAT SARS-CoV-2 Influenza A/B or A/B & RSV			
☐ Thermo Fisher Sci. TaqPath COVID-19, Flu A/B Combo		☐ Other (Specify): _____	
☐ Alere i NAT Flu A/B			
For specimen/technical questions please call: Virology staff: 801-965-2584		UTAH PUBLIC HEALTH LABORATORY 4431 SOUTH 2700 WEST TAYLORSVILLE, UTAH 84129 VIROLOGY TELEPHONE: (801) 965-2584 FAX: (801) 536-0473	
For questions regarding customer services/courier services please call: Kim Kinnick-Hansen: 801-965-2522			