



| 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): <input type="checkbox"/> Male <input type="checkbox"/> Female | | City, State, Zip Code: | |
| Zip Code(Required): | | Telephone Number: | |
| Address, City, State, County: | | Practitioner's Full Name: | |
| Telephone Number: | | Specimen ID (optional): | |

| Date of Collection (Required): | Specimen Source/Type (Required): | | |
|--------------------------------|--|--|---|
| | <input type="checkbox"/> Nasopharyngeal Swab; NPS (in VTM) | <input type="checkbox"/> BAL | <input type="checkbox"/> Lung Tissue |
| | <input type="checkbox"/> Nasal Swab (in VTM) | <input type="checkbox"/> Nasal Aspirate | <input type="checkbox"/> Cell Culture Isolate |
| | <input type="checkbox"/> Throat Swab (in VTM) | <input type="checkbox"/> Tracheal Aspirate | (Cell Line Used: _____) |
| | <input type="checkbox"/> Nasopharyngeal/Throat Swab (in VTM) | <input type="checkbox"/> Sputum | <input type="checkbox"/> Other: _____ |

Reason for Submission (Required): Influenza Surveillance Epidemiologist requested sample to be sent

Additional Information (Required):

[] non-Hospitalized [] Travel History (Places & Dates):
 [] Hospitalized [] Swine Contact

Your Test Results(Required):

[] Positive Influenza A; Subtype _____ [] Negative Influenza A
 [] Positive Influenza B [] Negative Influenza B
 [] Positive Influenza A and B [] Not Tested
 [] Positive Influenza A (Unknown Subtype) [] Other (Specify): _____

Which test method did you use(Required):

| | |
|---|--|
| PCR: | Antigen Detection (include cell line used for culture in [] Other) |
| [] Luminex xTAG Respiratory Viral Panel | [] BD Veritor Influenza A + B |
| [] Panther Fusion Flu A/B/RSV Assay | [] BinaxNOW Influenza A&B |
| [] Biofire FilmArray Respiratory Panel | [] Carestart Flu A& B Plus |
| [] Cepheid Xpert Flu or Flu/RSV | [] QuickVue Influenza A&B |
| [] Roche cobas LIAT Influenza A/B or A/B&RSV | [] Acuity Influenza A&B |
| [] ID Now Influenza A&B2 | [] Xpect Flu A & B |
| [] Genmark Respiratory Viral Panel | [] Sofia Flu A&B |
| [] Other (Specify): _____ | [] Other (Specify): _____ |

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|---|---|
| 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: Nancy Arbon: 801-965-2516 | |