**UTAH DEPARTMENT OF HEALTH**  
**UTAH PUBLIC HEALTH LABORATORY**  
Department of Virology  

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### Influenza Surveillance Request Form

**Revised 10/2018**

#### Patient Information

<table>
<thead>
<tr>
<th>Name (Last, First):</th>
<th>Customer Provider Code (Required):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specimen ID (optional):</td>
<td>Submitting Institution’s Name:</td>
</tr>
<tr>
<td>Date of Birth (Required):</td>
<td>Submitting Institution’s Address:</td>
</tr>
<tr>
<td>Gender: [ ] Male [ ] Female</td>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Zip Code (Required):</td>
<td>Telephone Number:</td>
</tr>
<tr>
<td>Address, City, State, County:</td>
<td>Practitioner’s Full Name:</td>
</tr>
<tr>
<td>Telephone Number:</td>
<td></td>
</tr>
</tbody>
</table>

#### Specimen Source/Type:

| Nasopharyngeal Swab; NPS (in VTM) | BAL |
| Nasal Swab (in VTM) | Nasal Aspirate |
| Throat Swab (in VTM) | Tracheal Aspirate |
| Nasopharyngeal/Throat Swab (in VTM) | Sputum |
| Lung Tissue | Other: _______ |
| Cell Culture Isolate | |

#### Date of Collection (Required):

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

#### Reason for Submission:

- [ ] Influenza Surveillance
- [ ] Epidemiologist requested sample to be sent

#### Additional Information Required:

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

#### Your Test Results:

- [ ] 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:

**PCR:**

- [ ] Luminex xTAG Respiratory Viral Panel
- [ ] Panther Fusion Flu A/B/RSV Assay
- [ ] Biofire FilmArray Respiratory Panel
- [ ] Cepheid Xpert Flu or Flu/RSV
- [ ] Roche cobas LIA Influenza A/B or A/B&RSV
- [ ] Alere i NAT Flu A/B
- [ ] Genmark Respiratory Viral Panel
- [ ] Other (Specify): _____________

**Antigen Detection (include cell line used for culture in [ ] Other):**

- [ ] 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): _____________

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For specimen/technical questions please call:  
**Virology staff: 801-965-2584**  
For questions regarding customer services/courier services please call:  
**Nancy Arbon: 801-965-2516**

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