



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):**

<b>PCR:</b>	<b>Antigen Detection (include cell line used for culture in [ ] Other)</b>
[ ] 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): _____

<p>For specimen/technical questions please call: <b>Virology staff: 801-965-2584</b></p> <p>For questions regarding customer services/courier services please call: <b>Nancy Arbon: 801-965-2516</b></p>	<p><b>UTAH PUBLIC HEALTH LABORATORY</b> 4431 SOUTH 2700 WEST TAYLORSVILLE, UTAH 84129 VIROLOGY TELEPHONE: (801) 965-2584 FAX: (801) 536-0473</p>
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