

LABORATORY SERVICES REQUEST FORM INFLUENZA SURVEILLANCE – SPECIMEN REQUEST FORM

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then SAVE AS pdf to your hard drive. Print out the form and send to ESR with your specimen. You can email your form to virology@esr.cri.nz

PATIENT INFORMATION These data fields must be completed for specimen matching and identification as well as for epidemiological purposes

NHI number:	Sex:	Ethnicity:
Surname:	First name:	
DoB:	Occupation:	
DHB:	Ward:	Dr/Requestor:

ESR USE ONLY

Attach label here

Comments:

CLINICAL INFORMATION Please select appropriate responses and provide relevant information

Onset date: Foreign travel (specify country):

Animal contact: NZ Overseas If yes, specify animal contact:

Symptoms/Other details:

INFLUENZA VACCINATION AND ANTIVIRALS

Has the patient been vaccinated for influenza in the same year as the onset of influenza-like illness?

Yes No Don't know

If known, specify date of last influenza vaccination:

Date:

Has the patient had antiviral (eg: Tamiflu) medication?

Yes No Don't know

If yes, specify name, date and duration of antiviral medication:

Has any of the patient's household member(s) had antiviral medication?

Yes No Don't know

If yes, specify name, date and duration of antiviral medication:

NAME AND ADDRESS FOR REPORTING

Name:

Contact:

Phone:

Email:

Other (specify):

SPECIMEN STORAGE /TRANSPORT HISTORY

Referring laboratories must complete this section to comply with IANZ standards. Please indicate the specimen storage condition and transportation prior to sending to ESR.

	Ambient	Chilled	Frozen	Time
Stored:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	for _____
Transported:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sample sent to:

NCBID – Wallaceville: 66 Ward Street, Upper Hutt

SPECIMEN INFORMATION

Date collected: Date sent to lab:

SPECIMEN TYPE SITE:

Nasopharyngeal swab

Throat swab

Nasal swab

Other specimen type (specify):

TESTS REQUIRED Routine URGENT

Influenza virus detection/subtyping by PCR

Influenza virus antigenic strain typing/subtyping

Antiviral susceptibility

Other (specify):

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	Ambient	Chilled	Frozen	A	R
Received:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

RESET FORM