# Influenza Surveillance Request Form

**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</td>
<td>City, State, Zip Code:</td>
</tr>
<tr>
<td>Female</td>
<td></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 | Cell Culture Isolate |
| (Cell Line Used:_________) | |

**Additional Information Required:**

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

**Your Test Results:**

- [ ] Positive Influenza A; Subtype __________
- [ ] Positive Influenza B
- [ ] Positive Influenza A and B
- [ ] Positive Influenza A (Unknown Subtype)
- [ ] Negative Influenza A
- [ ] Negative Influenza B
- [ ] Not Tested
- [ ] 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): __________

---

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

---

**UTAH PUBLIC HEALTH LABORATORY**

4431 SOUTH 2700 WEST
TAYLORSVILLE, UTAH 84129

**VIROLOGY TELEPHONE:** (801) 965-2584

**FAX:** (801) 536-0473