

**LABORATORY TEST REQUEST FORM Influenza PCR to Identify H1N1 (Swine flu)** Date Rec'd

Ventura County Public Health Services  
Public Health Laboratory

2240 E. Gonzales Rd. Ste #160  
Oxnard, CA. 93036  
Phone: (805) 981-5131 Fax: (805) 981-5130

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**ALL INFORMATION MUST BE PROVIDED SO THAT SPECIMENS CAN BE PRIORITIZED. Submittals without information may delay testing.**

PATIENT NAME: LAST		FIRST	MI	DOB		SEX	
				/ /		M F	
STREET ADDRESS			APT#	CITY		STATE	ZIP
ORDERING PHYSICIAN (REQUIRED)		SUBMITTING PROVIDER (if not ordering physician)		PATIENT CHT # (if available)		DATE & TIME COLLECTED	
Physician STREET ADDRESS				CITY		STATE	ZIP

Submitting Physician must provide a contact number, or a pager number Phone# ( )  
Submitting Facility: Fax# ( )

*Influenza-Like\_Illness (ILI) defined: a febrile respiratory illness with recent onset with a fever of 100°F or greater AND at least two of the following:*

- a] rhinorrhea or nasal congestion, b] sore throat, c] cough

Testing Guidelines: the following patients are prioritized for testing:

Hospitalized patients with ILI, Direct care healthcare providers with ILI, First case with ILI in a high-risk setting for transmission (e.g., jail, school, shelter, long-term care), Patient is part of an outbreak or cluster of people with ILI

<b>Clinical Information (fill in or check as pertinent)</b>	<b>Date of onset of illness</b> _____
<b>Clinical Findings</b> <input type="checkbox"/> Fever to _____ °F <input type="checkbox"/> Chills <input type="checkbox"/> Generalized aches <input type="checkbox"/> Joint aches or stiffness <input type="checkbox"/> Malaise <input type="checkbox"/> Lymphadenopathy <input type="checkbox"/> Cough <input type="checkbox"/> Headache <input type="checkbox"/> nausea <input type="checkbox"/> diarrhea	<b>Please attach physician summary notes, other clinical findings and/or pertinent laboratory data:</b> Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient a health care Provider <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient in a high-risk setting for transmission? <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient part of a cluster of ILI? <input type="checkbox"/> Yes <input type="checkbox"/> No (Must provide Ventura Communicable Disease control notification)

• Each specimen should be labeled with: **date of collection, specimen type, and patient name.**

1] Acceptable Specimens:

At a minimum, collect a nasopharyngeal swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Oropharyngeal (throat) swabs are acceptable, but may not have as high of a yield Place the swabs in a standard container with 2-3 ml of viral transport media (VTM).

The same transport tube can be use for all swabs.

**DO NOT USE COTTON OR CALCIUM ALGINATE SWABS OR SWABS WITH A WOODEN SHAFT.**

Use of these swabs invalidates the specimen and may cause us to reject the sample.

In the absence of VTM, sterile saline can be substituted, but every effort should be made to transport the specimen so that it reaches the Public Health Laboratory within 24 hours.

• If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained. Refrigerate and transport within 24 hours.

**Specimen Storage and Shipment:**

The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70 °C or below and shipped on dry ice. Specimens should be shipped per usual protocol to your local public health laboratory at:

Ventura County Public Health Laboratory, 2240 E. Gonzales Rd, Suite 160, Oxnard, CA 93036  
Phone # for questions: (805) 981-5131
