

**INFLUENZA SURVEILLANCE SUBMISSION FORM
2011-12**

State of Idaho
BUREAU OF LABORATORIES
2220 Old Penitentiary Road
Boise, ID 83712

Patient Information		Submitter Information / Mailing Address	
Last name	First name	Facility Name	
Address		Facility Mailing Address	
City, State, ZIP	County	Facility City, State, ZIP	
Date of Birth	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone Number	Fax Number
Comments		Doctor name	
Specimen Information			
Date Specimen Collected	Onset Date	Specimens submitted for Influenza Surveillance will be tested by an algorithm that includes detection of seasonal and novel influenza subtypes.	
SPECIMEN TYPE:			
<i>Swab specimens that are not submitted in Viral Transport Media (VTM) will not be tested.</i>			
Upper Respiratory Specimen type:		Lower Respiratory Specimen type:	
<input type="checkbox"/> Nasopharyngeal Swab (VTM)		<input type="checkbox"/> Bronchoalveolar Lavage	
<input type="checkbox"/> Nasal Swab (VTM)		<input type="checkbox"/> Bronchial Wash	
<input type="checkbox"/> Dual Nasopharyngeal / Throat Swabs (VTM)		<input type="checkbox"/> Tracheal Aspirate	
<input type="checkbox"/> Nasal Aspirate or Wash		<input type="checkbox"/> Sputum <input type="checkbox"/> Lung Tissue	
Surveillance Data			
Yes No Unk			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Was patient vaccinated? <input type="checkbox"/> Injection <input type="checkbox"/> Flu Mist Date: ___/___/_____			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has patient been tested with rapid test kit? <input type="checkbox"/> Pos A <input type="checkbox"/> Pos B <input type="checkbox"/> Negative			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Does patient have Influenza-like illness (ILI)?			
-ILI defined as fever and a cough and/or sore throat in the absence of a KNOWN cause other than influenza			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Travel within the past month?			
To: _____ Mode of transportation: _____			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Has patient had antiviral treatment within the past month?			
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Is the patient hospitalized?			
Additional Copy To:			
Institution Name		Note: Influenza specimens should be tested within 72 hours of collection for optimal recovery. If testing of a fresh specimen is not possible within 72 hours, the specimen may be frozen at ≤ 72°C and tested at a later date.	
Institution Mailing Address			
Institution City, State, ZIP			
Telephone Number	Fax Number		

For free shipping call 208-334-2235 Influenza testing is performed at no charge.
Specimens testing negative for influenza will typically be cultured for
Parainfluenza 1, 2, 3; Adenovirus; RSV