



IDAHO DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

INFLUENZA SURVEILLANCE SUBMISSION FORM
2018-2019

Idaho Bureau of Laboratories | 2220 Old Penitentiary Road | Boise, ID 83712 | 208-334-0594

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	Submitter Name (optional)
Comments			
Specimen Information			
Specimen Collection Date	Onset Date	Specimens submitted for Influenza surveillance will be tested by an algorithm that includes detection of seasonal and novel influenza subtypes. Specimens testing negative for influenza are typically cultured for Parainfluenza 1, 2, 3; Adenovirus; RSV.	
SPECIMEN TYPE – Swab specimens must be submitted in Viral Transport Media (VTM):			
Upper Respiratory Specimen type:		Lower Respiratory Specimen type:	
<input type="checkbox"/> Nasopharyngeal Swab (VTM)	<input type="checkbox"/> Bronchoalveolar Lavage	<input type="checkbox"/> Lung Tissue	
<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		
Surveillance Data			
Yes No Unknown			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was patient vaccinated against influenza? <input type="checkbox"/> Injection <input type="checkbox"/> Intranasal Date: ___/___/___
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Has patient been tested with a rapid test kit? If yes, <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"/>	Did patient receive antiviral treatment within the past month?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Was/Is the patient hospitalized?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is this a fatal case?
Additional Copy To:			
Institution Name		NOTE: Influenza specimens should be tested within 72 hours of collection for optimal virus recovery. If testing a fresh specimen is not possible within 72 hours of collection, the specimen may be frozen at $\leq 72^{\circ}\text{C}$ and tested at a later date.	
Institution Mailing Address			
Institution City, State, ZIP			
Telephone Number	Submitter Name (Optional)		

Influenza surveillance testing is free of charge and an account number for free shipping can be provided by calling Idaho Bureau of Laboratories at 208-334-0594.