



Riverside County  
Public Health

## Riverside County Department of Public Health Influenza Specimen Submittal Form Revised 10/2015

- Upper respiratory samples suitable for RT-PCR include: nasopharyngeal (NP) swabs, nasal swabs, throat swabs, nasal aspirate, nasal washes, NP wash, and NP aspirate. For patients hospitalized with pneumonia, specimens from the lower respiratory tract should also be obtained. Lower respiratory tract samples suitable for RT-PCR include: bronchoalveolar lavage, bronchial wash, tracheal aspirate, and lung tissue.
- Place **Dacron-tipped** swabs in a standard container with 2-3 ml of viral transport media (VTM). Cotton or calcium alginate swabs are **NOT** acceptable for PCR testing.
- Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within 3 days of the date collected. If samples cannot be received by the laboratory within 3 days, they should be frozen at -70°C or below and shipped on dry ice.
- Please submit supply request and send specimens Monday through Friday to:  

Riverside County Department of Public Health  
 4065 County Circle Drive Riverside, CA 92503  
 Phone: (951) 358-5070

<b>Patient's last name, first name</b>				<b>Patient's mailing address (including Zip code)</b>	
<b>Age</b>	<b>DOB:</b>	<b>Sex (circle):</b> M                  F	<b>Onset Date:</b>	<b>COUNTY:</b>	
Disease suspected or test requested - Check : <input type="checkbox"/> Influenza					
1 <sup>st</sup>	Specimen type and/or specimen source	Date Collected	1 <sup>st</sup>		
2 <sup>nd</sup>	Specimen type and/or specimen source	Date Collected	2 <sup>nd</sup>		
<b>Type or print submitter's complete mailing address</b>				Megan Crumpler, PhD, HCLD – Laboratory Director Riverside County Public Health Laboratory 4065 County Circle Drive Riverside, CA 92503 Phone (951) 358-5070 Fax (951) 358-5015	
<b>Local Laboratory Results:</b> Was this specimen tested by a rapid antigen test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg Was this specimen typed as Influenza A? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was subtype identified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data)</b>					
Health care worker? <input type="checkbox"/> Yes <input type="checkbox"/> No Outbreak setting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, type of setting: <input type="checkbox"/> school <input type="checkbox"/> prison <input type="checkbox"/> hospital <input type="checkbox"/> long term care facility <input type="checkbox"/> other: _____ Is the patient pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Other relevant information:			<input type="checkbox"/> Fever to _____° F <input type="checkbox"/> Cough <input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea/vomiting/diarrhea <input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other, please describe: Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No Is patient in the ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No Antiviral treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list drug and start date:		

Submitting Physician: \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_

Submitting Facility: \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_