

Novel Influenza A / H1N1 / 2009 SPECIMEN COLLECTION Form



Only persons who have been **HOSPITALIZED** (≥ 24 hrs), who have **DIED** from novel H1N1, or who are part of an **OUTBREAK** should be tested through the County of Santa Cruz Public Health Laboratory. Please use private laboratories for other circumstances.

Note: **ALL** cases of novel influenza A / H1N1 / 2009 are REPORTABLE to the Communicable Disease Unit using a CMR. Visit www.santacruzhealth.org for CMR forms and CD Unit contact information.

Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. Personnel collecting specimens should use an N95 respirator, goggles, gown and gloves.

PATIENT INFORMATION

Patient's Name (Last, First):		DOB:	AGE:	SEX: <input type="checkbox"/> M <input type="checkbox"/> F	PREGNANT? <input type="checkbox"/> No (or N/A) <input type="checkbox"/> Yes, EDD:
Mailing Address (include ZIP code):		ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	RACE: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other: _____		PRIMARY LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish, but speaks English? <input type="checkbox"/>
		Phone #:		Alternate Phone #:	
Signs and Symptoms:		*DATE OF ONSET:		Is/was patient Hospitalized (≥ 24 hrs)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Max. Temp: _____ °F <input type="checkbox"/> Feverish / Chills <input type="checkbox"/> Cough <input type="checkbox"/> Eye Infection <input type="checkbox"/> Sore Throat <input type="checkbox"/> Runny Nose		<input type="checkbox"/> Shortness of breath <input type="checkbox"/> Headache <input type="checkbox"/> Body/Muscle Aches <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting <input type="checkbox"/> Other, <i>please describe</i> : _____		Is/was patient in the ICU ? <input type="checkbox"/> Yes <input type="checkbox"/> No Given Antiviral treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list drug and start date: _____	
		Underlying Medical Conditions:			
		<input type="checkbox"/> Asthma <input type="checkbox"/> Metabolic Disease <input type="checkbox"/> Compromised Immune System <input type="checkbox"/> BMI > 30 <input type="checkbox"/> Cancer < 12 mo. <input type="checkbox"/> Other: _____			

SUBMITTER INFORMATION

PROVIDER NAME:	PROVIDER OFFICE ADDRESS:	PROVIDER PHONE #:	PROVIDER FAX #:
CONTACT INFORMATION (i.e. FAX #) where RESULTS should be sent:			

SPECIMEN INFORMATION

Type of Specimen: <input type="checkbox"/> Nasopharyngeal swab <input type="checkbox"/> Other: _____	Date of Specimen Collection:	Was this specimen tested by a RAPID ANTIGEN test? <input type="checkbox"/> Yes <input type="checkbox"/> No - If yes, the result was: <input type="checkbox"/> Positive <input type="checkbox"/> Negative - If positive, was subtype identified? <input type="checkbox"/> Flu A <input type="checkbox"/> Flu B <input type="checkbox"/> Not typed
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Respiratory Specimens:

- Each specimen should be labeled with: **date of collection, specimen type, and patient name.**
- 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 yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx. Place the swabs in a standard container with 2-3 ml of viral transport media (VTM).
- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained.

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:

Santa Cruz County Health Services Agency Laboratory
1080 Emeline Ave, Santa Cruz, CA 95060
Phone: 831-454-5445 Fax: 831-454-5000