



RUHS Public Health Influenza Specimen Submittal Form

Public Health

- 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.
- Improper specimen handling may yield false negative results; therefore specimen collection requirements must be strictly adhered. Do not submit specimens that have been exposed to any transport media other than VTM. The RUHS-PHL cannot test samples that have been placed in Liquid Amies or Stuart medium.
- 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 (unless observed county holiday) to:

Riverside University Health Services Department of Public Health
4065 County Circle Drive Riverside, CA 92503
Phone: (951) 358-5070
Fax: 951-3585145

Patient's last name, first name		Errin C. Rider, Ph.D., D(ABMM) – Laboratory Director Riverside County Public Health Laboratory 4065 County Circle Drive Riverside, CA 92503 Phone (951) 358-5070 Fax (951) 358-5015	
Street Address:	City/State/ ZIP:		
DOB:	Gender: [] Male [] Female	Date of Onset:	Diagnosis code:
Specimen type and/or specimen source: [] NP swab [] NP wash [] _____		Date Collected:	Submitting Physician:
Submitting Facility: (Complete Name and Mailing address, Phone and Fax)		Submitter's Accession label/ MRN:	
Required Submitting Laboratory Results: Was this specimen tested by a rapid influenza test? [] Yes [] No If yes, result: [] Influenza A [] Influenza B [] Negative If No, do you wish to have this specimen tested for diagnostic purposes? [] Yes [] No If positive for Influenza A, was the subtype identified? [] Yes [] No If yes, indicate subtype: _____			
Required Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data) Check all that apply.			
<input type="checkbox"/> Health care worker <input type="checkbox"/> Outbreak setting? [] Yes [] No If yes, type of setting: [] school [] prison [] hospital [] long term care facility [] other: _____ <input type="checkbox"/> Patient hospitalized <input type="checkbox"/> Patient in the ICU <input type="checkbox"/> Fatal case <input type="checkbox"/> Pregnant <input type="checkbox"/> Significant travel history		<input type="checkbox"/> Symptoms of ILI** **ILI is defined as fever (>37.8°C or 100°F) and either cough or sore throat (in the absence of a known cause). <input type="checkbox"/> Unusual clinical presentations such as encephalitis, associated with current or recent ILI. (If yes, must report to RUHS-PH Disease Control at 951-358-5107) <input type="checkbox"/> Other relevant information: _____	
Failure to provide any of the above information may result in the specimen not being tested			