



# HOSPITALIZED PATIENTS ONLY Influenza Testing

Project #

1492

Fee sticker

N/A

Bar Code Sticker

MDH Use Only

Public Health Laboratory \* 601 Robert St N \* St. Paul MN 55155 \* 651-201-5200

## Clinical Testing and Submission Form

### PATIENT INFO

Last name: \_\_\_\_\_  
 First name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Patient ID #: \_\_\_\_\_  
 DOB (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F  U  
 Patient location: \_\_\_\_\_

### FACILITY INFO

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Submitter #: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Clinician name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name of person filling out form: \_\_\_\_\_ Phone: \_\_\_\_\_

### Specimen or Isolate Source Information

Specimen  Isolate

Lab sample #: \_\_\_\_\_  
 Collection date: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Collection time: \_\_\_\_\_  a.m.  p.m.

Blood  Serum  acute  convalescent  Plasma  Abscess: site: \_\_\_\_\_  
 Bone: \_\_\_\_\_  Tissue  Biopsy site: \_\_\_\_\_  
 Bronchial: \_\_\_\_\_  Urine  Wash  Aspirate site: \_\_\_\_\_  
 CSF  Sputum  induced  expectorated  Wound site: \_\_\_\_\_  
 Stool  Swab site: \_\_\_\_\_  
 Other: \_\_\_\_\_

Organism: \_\_\_\_\_

Check box AND specify organism if this is a required submission per the Reportable Disease Rule (Chapter 4605)

**STOP** If box is checked, do NOT select any tests. MDH will determine.

### Test Requested

- |   |   |  |  |
|---|---|--|--|
| <b>MICROBIOLOGY</b><br><input type="checkbox"/> Bacillus anthracis♦<br><input type="checkbox"/> Bacterial ID; specify: _____<br><input type="checkbox"/> Botulism testing♦<br><input type="checkbox"/> Brucella♦<br><input type="checkbox"/> C. diphtheriae♦<br><input type="checkbox"/> Enteric culture:<br><input type="checkbox"/> routine <input type="checkbox"/> specify: _____<br><input type="checkbox"/> Enteric pathogen ID; specify: _____<br><input type="checkbox"/> Francisella tularensis♦<br><input type="checkbox"/> GC culture (MDH approval only)<br><input type="checkbox"/> Haemophilus ducreyi♦<br><input type="checkbox"/> Legionella culture & DFA<br><input type="checkbox"/> Pertussis culture/PCR<br><input type="checkbox"/> Yersinia pestis♦<br><input type="checkbox"/> Other; specify: _____<br>♦Call lab prior to sending | <b>MYCOBACTERIOLOGY</b><br><input type="checkbox"/> Mycobacterial smear and culture<br><input type="checkbox"/> Mycobacterial ID<br><b>MYCOLOGY</b><br><input type="checkbox"/> Fungal ID; specify: _____<br><b>PARASITOLOGY</b><br><input type="checkbox"/> Ova and parasite exam; specify: _____<br><input type="checkbox"/> Thick and thin blood films; specify: _____<br><input type="checkbox"/> Other exam; specify: _____<br><input type="checkbox"/> Parasite ID/confirmation; specify: _____ | <b>SEROLOGY/IMMUNOLOGY</b><br><input type="checkbox"/> Arbovirus/WNV panel<br><input type="checkbox"/> HIV (MDH approved submitter only)<br><input type="checkbox"/> Measles IgM/IgG<br><input type="checkbox"/> Rubella IgM/Total Ab<br><input type="checkbox"/> Syphilis:<br><input type="checkbox"/> Screening (USR)<br><input type="checkbox"/> Confirmation (TPPA)<br>Screen result: _____<br>Method: _____<br><input type="checkbox"/> VDRL (CSF only) | <b>VIROLOGY</b><br><input checked="" type="checkbox"/> Virus detection/ID*;<br><input type="checkbox"/> Adenovirus<br><input type="checkbox"/> Enterovirus<br><input type="checkbox"/> Herpes Simplex Virus<br><input checked="" type="checkbox"/> Influenza:<br><input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> unknown<br><input type="checkbox"/> Measles<br><input type="checkbox"/> Mumps<br><input type="checkbox"/> Rubella<br><input type="checkbox"/> Other virus; specify: _____<br>*MDH will determine testing protocol (culture and/or PCR) |
|---|---|--|--|

### OTHER

Specify: \_\_\_\_\_

Submitting laboratory's comments:

Hospital admitted to: \_\_\_\_\_  
 Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Influenza result: A  pos B  pos Subtype: \_\_\_\_\_  
 neg  neg  
 Test type:  Rapid  PCR  Culture  FA