

## Severe Acute Respiratory Infection Surveillance

### Influenza Laboratory Request Form

<b>I. Requester</b>	
<b>I. Requester</b>	Hospital name: _____
	SARI focal person name: _____
	Telephone: _____
	Fax number: _____
	Email address: _____
<b>II. Patient Identification</b>	
<b>II. Patient Identification</b>	Year                      Site                      # Patient ID number:   _____   _____   _____
	Name: _____
	Age: _____
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of symptom onset: ____/____/____
<b>III. Antiviral treatment</b>	
<b>III. Antiviral treatment</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify starting date: ____/____/____
<b>IV. Specimen collection</b>	
<b>IV. Specimen collection</b>	Specimen collection date: ____/____/____
	Specimen type: <input type="checkbox"/> Naso-pharyngeal swab
	<input type="checkbox"/> Oral-pharyngeal swab
	<input type="checkbox"/> Nasal wash
	<input type="checkbox"/> Tracheal aspirate
	<input type="checkbox"/> Broncho-alveolar lavage
	<input type="checkbox"/> Other, specify: _____
<b>V. Reception at NIC</b>	
<b>V. Reception at NIC</b>	Date of reception: ____/____/____
	Specimen condition: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate, specify: _____
<b>VI. Results</b>	
<b>VI. Results</b>	Date of result: ____/____/____
	PCR testing: _____
	Laboratory director: (name, signature, stamp)