

Laboratory Request Form for Influenza Virus Testing

I. Requester	Hospital name:
	SARI focal person name:
	Telephone:
	Fax number:
	Email address:
II. Patient Identification	Patient ID number: _____ _____ _____ <small>Year Site #</small>
	Name:
	Age:
	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Date of symptom onset: ___/___/_____
III. Antiviral treatment	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify starting date: ___/___/_____, Name: Tamiflu®, Viriflu® ...
IV. Specimen collection	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:
V. Reception at NIC	Date of reception: ___/___/_____
	Specimen condition: <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate, specify:
VI. Results	Date of result: ___/___/_____
	PCR testing:
	Laboratory director: (name, signature, stamp)