Updated 5/4/09 at4PM

Influenza A Testing

Report date___/___/___ EPI staff name or initials_____ Tracking #: _____

Reporter name_____ Phone_____County_____

Submitting facility: _____ Phone: _____

Patient name:_____ Age_____ DOB: ___ / ___ / _____ Sex: M / F

Symptoms Date of onset: ___/___/___

Fever > 37.8 °C [100 °F] ☐Yes ☐No ☐Unk **Cough or sore throat** ☐Yes ☐No ☐Unk

Priority ☐ Fatal ☐ ICU admit ☐ Hospitalized non-ICU ☐ Health care worker ☐ Pregnant

☐ Age <1 year ☐ Possible outbreak ☐ No cases in county ☐ Other: _____

Preliminary testing (Rapid A): ☐Pos ☐Neg ☐Not Done ☐Unk **Collection date:** ___/___/___

Notes: _____

**** IMPORTANT ** FAX FORM TO (206) 418-5515 AND SHIP TO PHL:**

Submit viral specimens with form: http://www.doh.wa.gov/EHSPHL/PHL/Forms/SerVirHIV.pdf

Arriving by: [ ] Greyhound [ ] FedEx [ ] Messenger [ ] Other_____

Shipment date: ___/___/___ Arrival Date: ___/___/___

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