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# INFLUENZA LAB SUBMISSION - Page 1 of 3

Indiana State Department of Health

State Form 52419 (10-05)

## Instructions: Please read before completing this form

- 1 Fill in circles like this: ●  
Not like this: ✗ ✓  
Mark mistakes like this: ✗
- 2 Print capital letters only  
and numbers completely A|B|C|3  
inside boxes:
- 3 Please complete  
all items on form.

## Section 1. Demographic Information

Last Name \_\_\_\_\_  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Number & Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 County \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_  
**Race:**  
 Asian  White  Hispanic or Latino  Not Hispanic or Latino  Unknown  
 Black or African American  Other/Multiracial  Sex:  Male  Female  Unknown  
 American Indian or Alaska Native  Unknown  
 Native Hawaiian or Other Pacific Islander  
**Is Age in day/mo/yr?**  
 Days  Months  Years  
 Occupation \_\_\_\_\_ Phone # of Employer/School/Care Facility/Institution \_\_\_\_\_  
 Institution Resident?  No  Yes Institution Type  Prison  Nursing Home  Other (specify) \_\_\_\_\_  
 Name of  Employer  School  Care Facility  Institution \_\_\_\_\_  
 Address of Employer/School/Care Facility/Institution \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

## Section 2. Clinical Information

### Specimen Information: Use a separate form for each Specimen

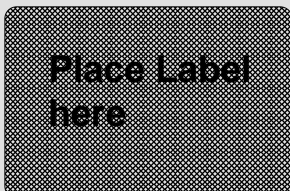
Nasopharyngeal Swab  Isolate (type) \_\_\_\_\_  
 Date of Collection (mm/dd/yyyy) \_\_\_\_\_  
 Date of Illness Onset (mm/dd/yyyy) \_\_\_\_\_ Is Patient Immunocompromised?  Yes  No

Clinical Diagnosis \_\_\_\_\_

**Rapid Test**  Positive  Negative  Not Performed  
**Initial Typing**  Type A  Type B  Type A/B  
 Date of Rapid Test (mm/dd/yyyy) \_\_\_\_\_  
**Vaccination Date** (mm/dd/yyyy) \_\_\_\_\_ **Vaccine Type**  Killed Vaccine  Attenuated Vaccine/Flu Mist  
**Number of Doses**  1  2

### For ISDH Lab. Use ONLY

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Date Received (mm/dd/yyyy)



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## Section 2. Clinical Information (continued)

\_\_\_\_\_  
Doctor/Clinic Name

\_\_\_\_\_  
Establishment Name

\_\_\_\_\_  
Number & Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Sentinel #

\_\_\_\_\_  
E-Mail Address

Patient Received/Receiving Antivirals?  Yes  No   
If Yes, Date Administered (mm/dd/yyyy) \_\_\_\_\_

\_\_\_\_\_  
Antiviral Administered

State of Illness  Symptomatic  Asymptomatic *(If patient is symptomatic, please check all signs/symptoms that apply)*

**General Symptoms**

- Fever
- Headache
- Sore Throat
- Cough
- Myalgia

**CNS**

- Encephalitis
- Meningitis
- Ocular**
- Conjunctivitis
- Chorioretinitis
- Blurred Vision

**Exanthema**

- Maculopapular
- Papular
- Hemorrhagic
- Vesicular
- Petechial

**Respiratory**

- Common Cold
- Acute Resp. Dis.
- Bronchitis
- Pneumonitis
- Pharyngitis
- Upper Resp. Inf.

**Gastrointestinal**

- Nausea
- Vomiting
- Diarrhea
- Gastroenteritis

**Cardiovascular**

- Myocarditis
- Pericarditis
- Endocarditis
- Cardiomegaly

\_\_\_\_\_  
Fever Temp (degrees F)

\_\_\_\_\_  
Other Symptoms (please specify)

## Section 3. Risk Factors

\_\_\_\_\_  
Recently Traveled to/from

\_\_\_\_\_  
Date of Departure (mm/dd/yyyy)

\_\_\_\_\_  
Date of Return (mm/dd/yyyy)

Patient Contact with (check all that apply):

- Birds
- Animals
- Family
- Community
- Resp. Disease Outbreak

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The purpose of this program is to conduct enhanced surveillance for influenza and other respiratory viruses in the State of Indiana. Patients presenting with an influenza-like illness, defined as: fever greater than 100° and either cough or sore throat, should be selected for laboratory testing at the ISDH each week. The nasopharyngeal swabs collected for isolation should be **collected within 72 hours of onset of symptoms.**

You do not need to collect from every patient. Use your professional judgment to collect up to 4 specimens each day, Monday through Thursday, to send to the ISDH Labs.

### STORAGE AND STABILITY:

- 1) Immediately upon viral isolation kit receipt, remove and freeze the refrigerant pack.
- 2) Store the cardboard box with the Styrofoam container and all the other components at room temperature until needed.
- 3) Do not use the transport medium beyond the expiration date. If your transport medium has expired, please discard and contact the ISDH Container Department at 317.233.8105 or e-mail ([containers@isdh.IN.gov](mailto:containers@isdh.IN.gov)) to request a new lot number.

### SPECIMEN COLLECTION:

- 1) The nasopharynx is the collection site of choice. Use the small swab on the stainless steel shaft for collecting the nasopharyngeal specimen.
- 2) Using aseptic technique, peel back the swab package and remove the swab.
- 3) Take a vigorous sample and place the swab in a tube of transport medium. Break off the shaft at the score and **secure the lid tightly.**
- 4) Label each tube with the patient's name and the collection date.
- 5) Complete an Influenza Lab Submission form for each specimen. Make sure the clinic address is complete.
- 6) Under refrigeration, promptly send to the laboratory for immediate processing. Remember to send specimens Monday through Thursday only.
- 7) Refrigerate the specimens if storing overnight. **Holding the specimens longer than 24 hours will decrease the chance for influenza isolation.**

### TRANSPORTATION:

- 1) Wrap the specimen(s) in an absorbent pad and secure all specimens in the Ziplock-type bag.
- 2) Place the completed Influenza Lab Submission form(s) in the liner of the bag and enclose with the frozen pack in the Styrofoam container. Secure the box with packaging tape.
- 3) Complete the sender information on the FedEx Air Bill and affix the air bill to the box and call FedEx for pickup.

### ISDH Contacts:

**Laboratory: Phone 317.233.8050 - Fax 317.233.8063**

**Epidemiology: Shawn Richards 317.233.7740 - Fax 317.234.2812**

**Indiana State Department of Health Laboratories (Virology – Immunology)**

**635 N. Barnhill Drive**

**P.O. Box 7203**

**Indianapolis IN 46206-7203**