



Alameda County Public Health Laboratory
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Laboratory use only:

Laboratory Number

Date and Time

Influenza Virus Test Panel
SPECIMEN SUBMISSION FORM

Patient's Name: _____ Gender: ____ DOB: _____ Race/Ethnicity: _____
Last, First
Street Address: _____ Phone: (____) _____
City / State / Zip Code: _____
Patient's Medical Record Number: _____
Location of Patient: Hospital ICU Hospital (Non-ICU) Long-term care facility Other: _____
Onset date of symptoms: _____
Specimen Collection Date: ____/____/____

Submitting Hospital / Facility: _____ Requesting Clinician: _____
Phone Number: (____) _____ Fax Number: (____) _____

SPECIMEN SOURCE (Please Check):

- Nasopharyngeal Swab (preferred)**
- Nasal Swab
- Throat Swab
- Bronchial wash
- Tracheal Aspirate
- Other: _____

SPECIMEN REQUIREMENTS:

- Use Dacron swabs for collection
- Place specimen in viral transport media (VTM)
- Store and transport at 4°C.
(Refrigerate or wet ice)