

LABORATORY SERVICES REQUEST FORM

INFLUENZA SURVEILLANCE – SPECIMEN REQUEST FORM

INSTRUCTIONS FOR USING FILLABLE FORMS: In Acrobat Reader, please complete this form, then SAVE AS pdf to your hard drive. Print out the form and send to PHF Science with your specimen. You can email your form to virology@phfscience.nz

PATIENT INFORMATION These data fields must be completed for specimen matching and identification as well as for epidemiological purposes

| | | |
|-------------|-------------|---------------|
| NHI number: | Sex: | Ethnicity: |
| Surname: | First name: | |
| DoB: | Occupation: | |
| DHB: | Ward: | Dr/Requestor: |

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Attach
label here

Comments:

CLINICAL INFORMATION Please select appropriate responses and provide relevant information

Onset date: Foreign travel (specify country):

Animal contact: ☐ NZ ☐ Overseas If yes, specify animal contact:

Symptoms/Other details:

INFLUENZA VACCINATION AND ANTIVIRALS

Has the patient been vaccinated for influenza in the same year as the onset of influenza-like illness?

☐ Yes ☐ No ☐ Don't know

If known, specify date of last influenza vaccination:

Date:

Has the patient had antiviral (eg: Tamiflu) medication?

☐ Yes ☐ No ☐ Don't know

If yes, specify name, date and duration of antiviral medication:

Has any of the patient's household member(s) had antiviral medication?

☐ Yes ☐ No ☐ Don't know

If yes, specify name, date and duration of antiviral medication:

NAME AND ADDRESS FOR REPORTING

Name:

Contact:

Phone:

Email:

Other (specify):

TERMS AND CONDITIONS [VIEW ON THIS LINK](#)

☐ By submitting this form, I (named above) agree to PHF Science's Terms and Conditions

SPECIMEN STORAGE /TRANSPORT HISTORY

Referring laboratories must complete this section to comply with IANZ standards. Please indicate the specimen storage condition and transportation prior to sending to PHF Science.

| | | | | |
|--------------|--------------------------|--------------------------|--------------------------|-----------|
| | Ambient | Chilled | Frozen | Time |
| Stored: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | for _____ |
| Transported: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Sample sent to:

☐ Wallaceville Science Centre: 66 Ward Street, Upper Hutt

SPECIMEN INFORMATION Laboratory reference No:

Date collected: Date sent to lab:

SPECIMEN TYPE SITE:

☐ Nasopharyngeal swab

☐ Throat swab

☐ Nasal swab

☐ Other specimen type (specify):

TESTS REQUIRED ☐ Routine ☐ URGENT

☐ Influenza virus detection/subtyping by PCR

☐ Influenza virus antigenic strain typing/subtyping

☐ Antiviral susceptibility

☐ Other (specify):

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| | | | | | |
|-----------|--------------------------|--------------------------|--------------------------|---|---|
| | Ambient | Chilled | Frozen | A | R |
| Received: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |