

Riverside County Department of Public Health
H1N1 Flu (Swine Flu) Specimen Submittal Form

Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset.

Specimen collection:

- Each specimen should be labeled with: **date of collection, specimen type, and patient name.**
- Collect a nasopharyngeal swab. Place the swabs in a standard container with 1-3 ml of viral transport media (VTM).
- Use dacron, rayon or nylon-tipped swabs only. Cotton or calcium alginate swabs are **not** acceptable for PCR testing.

Specimen Storage and Shipment:

The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70 °C or below and shipped on dry ice. Specimens should be shipped per usual protocol to your local public health laboratory:

*Riverside County Department of Public Health
 4065 County Circle Drive Riverside, CA 92503
 (951) 358-5070*

---Please do not send specimens on a Friday or weekends unless special arrangements have been made with the laboratory---

Patient's last name, first name				Patient's mailing address (including Zip code)	
Age	DOB:	Sex (circle): M F	Onset Date:	COUNTY:	
Disease suspected or test requested - Check : <input type="checkbox"/> Influenza					
1 st	Specimen type and/or specimen source	Date Collected	1 st		
2 nd	Specimen type and/or specimen source	Date Collected	2 nd		
Type or print submitter's complete mailing address			Janna Troy, Laboratory Manager Riverside County Public Health Laboratory 4065 County Circle Drive Riverside, CA 92503 Phone (951) 358-5070 Fax (951) 358-5015		
Local Laboratory Results:					
Was this specimen tested by a rapid antigen test? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, result: <input type="checkbox"/> Pos <input type="checkbox"/> Neg					
Was this specimen typed as Influenza A? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was subtype identified? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data)					
Travel to Mexico in past 7 days? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Fever to _____° F <input type="checkbox"/> Cough		
Contact of H1N1 Flu (Swine Flu) ? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Sore throat <input type="checkbox"/> Nausea/vomiting/diarrhea		
Health care worker? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Altered Mental Status <input type="checkbox"/> Shortness of breath		
Outbreak setting? <input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Other, please describe:		
If yes, type of setting: <input type="checkbox"/> school <input type="checkbox"/> prison			Is patient hospitalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> hospital <input type="checkbox"/> long term care facility			Is patient in the ICU? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> other: _____			Antiviral treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CDC Influenza Sentinel Provider: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, list drug and start date:		
Other relevant information:					

Submitting Physician: _____ Phone# (_____) _____

Submitting Facility: _____ Fax# (_____) _____