Disease/Agent Suspected or Test Requested:

**Influenza virus PCR**

<table>
<thead>
<tr>
<th>Provider Requirements</th>
<th>Sentinel provider network and EIP providers only.</th>
</tr>
</thead>
</table>
| **Acceptable Specimen Sources/Type(s) for Submission** | • Nasopharyngeal (NPS)  
• Nasal (NS)  
• Throat (TS)  
• Nasal aspirate (NA)  
• Nasal wash (NW)  
• DPS/TS bronchial alveolar lavage (BAL)  
• Bronchial wash (BW)  
• Tracheal aspirate (TA)  
• Sputum  
• Lung tissue |

| TDH Requisition Form Number | PH - 4149 – Contact [CEDEP](mailto:CEDEP) |

| Media Requirements | Viral Transport Media. Refrigerate after collection |

| Special Instructions | PTBMIS Order Code: INFLU (Antibody/INFLU)  
StarLIMS Order Code: 5017 |

| Shipping Instructions | • Ship COLD on cold packs  
• Ship on dry ice *if already frozen* |

| Laboratory Section Performing Testing | Virology |

| Lab Location(s) Performing Test | Nashville |

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Rev. 8/2020