



Tennessee Department of Health
Division of Laboratory Services
Influenza and Respiratory Pathogen
Panel Submission Requisition

State Lab Accession Label
(TDH Lab use only, submitting facilities may place their own labels in open requisition space or on the back of this form)

***Indicates Required Fields**

(Testing will not be performed if required information is missing)

SPECIMEN COLLECTION INFORMATION

*Last Name:		*First Name:		MI:
*Date of Birth:		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Pregnancy Status (if relevant): <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Address:			*County of Residence:	
City:	State:	Zip Code:	*Date of Collection:	

***Specimen Type** (please check one): Nasopharyngeal (Preferred) Nasal Throat Bronchial alveolar lavage Sputum
 Nasal aspirate Nasal wash Bronchial wash Tracheal aspirate Lung tissue Other (please specify) _____

Specimen Disqualifications: Do not submit dry swabs, swabs in bacterial culturettes, or swabs that have been used for rapid testing. Specimens must be kept 2°C - 8°C and received in the Dept of Health laboratory within 3 days of collection or freeze at -70°C and received within 7 days of collection. Unlabeled or mislabeled specimens cannot be tested; two distinct identifiers required on each tube.

SUBMITTER INFORMATION

*Submitting Facility:			Med Rec/Pat ID Number:
Address:			Phone Number: ()
City:	State:	Zip Code:	Fax Number: ()
<input type="checkbox"/> Sentinel Provider Network Provider ID Code (e.g. 47XXX)	<input type="checkbox"/> EIP Influenza Hospitals (Selected facilities in Davidson and surrounding counties)	<input type="checkbox"/> Medical Examiner Office For prior approval contact: Virology Dept. @ 615-262-6350	<input type="checkbox"/> Suspected Novel Influenza Examples include suspected H3N2v or H7N9. Specimen must have an answer of "yes" to one of the Novel Influenza epidemiologic questions. Call 615-741-7247 for medical consultation and testing approval if all answers are "no".

MEDICAL HISTORY

Date of Symptom Onset:	Have the patient's symptoms resolved? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Signs and Symptoms: (check all that apply) <input type="checkbox"/> Cough <input type="checkbox"/> Sore Throat <input type="checkbox"/> Fever > 37.8°C (100°F) <input type="checkbox"/> Febrile but no measured temp <input type="checkbox"/> Diarrhea <input type="checkbox"/> Vomiting	
Was the patient hospitalized for this illness? If yes, was the patient admitted to the intensive care unit?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Did the patient die from this illness?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Date:) <input type="checkbox"/> Unknown
Did the patient receive seasonal flu vaccine this season?	<input type="checkbox"/> No <input type="checkbox"/> Yes (Date:) <input type="checkbox"/> Unknown


NOVEL INFLUENZA EPIDEMIOLOGY (SECTION INFORMATION ONLY REQUIRED FOR SUSPECTED NOVEL INFLUENZA)

- Patient attended an agricultural site, auction, or fair (e.g., county fair) in the 7 days prior to becoming ill:**
 No Yes Unknown
 If yes, name of fair, etc. _____ Unknown
- Patient had direct or indirect contact with pigs (at fair or elsewhere) in 7 days before becoming ill:**
 No Yes Unknown
- Patient had direct or indirect contact with poultry or birds in the 7 days before becoming ill:**
 No Yes Unknown
- During illness, was patient associated with any of the following (check all that apply):**
 Childcare/daycare Facility Long-term Care Facility Correctional Facility Hospital School
 Please provide name of Facility: _____

ADDITIONAL INFORMATION (e.g. rapid flu or prescreening results, other clinical findings, etc.)

LABORATORY SUBMISSIONS

Nashville Central Laboratory: 630 Hart Lane, Nashville, TN 37216 (FedEx, UPS, courier delivery) OR P.O. Box 305130, Nashville, TN 37230 (USPS)
 Richard Steece, PHD, D(ABMM), Public Health Laboratory Director Main Line: (615) 262-6300

	Tennessee Department of Health Division of Laboratory Services Influenza and Respiratory Pathogen Panel Submission Requisition	State Lab Accession Label (TDH Lab use only, submitting facilities may place their own labels in open requisition space or on the back of this form)	
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SPECIMEN COLLECTION INFORMATION			
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*Date of Birth:		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other		Pregnancy Status (if relevant): <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> U	
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Address:		Phone Number: ()	
City:		Fax Number: ()	
<input type="checkbox"/> Sentinel Provider Network	<input type="checkbox"/> EIP Influenza Hospitals <small>(Selected facilities in Davidson and surrounding counties)</small>	<input type="checkbox"/> Medical Examiner Office <small>For prior approval contact: Virology Dept. ☎ 615-262-6350</small>	<input type="checkbox"/> Suspected Novel Influenza <small>Examples include suspected H3N2v or H7N9. Specimen must have an answer of "yes" to one of the Novel Influenza epidemiologic questions. Call 615-741-7247 for medical consultation and testing approval if all answers are "no".</small>
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Every blank or section on the form denoted with an asterisk (*) is a required field and must have complete information entered for the specimen to be processed.

➤ All mandatory asterisks are shown on the form as.....*

Submitter Information (★): Fill in the organization/clinic/institution's name, address, etc. – not clinicians' names.

Specimen Comments

- Preferred specimen is a nasopharyngeal (NP) swab
- If this specimen cannot be obtained, a nasal swab is acceptable.
- For intubated patients, endotracheal aspirates should be collected.
- Bronchoalveolar lavage (BAL) and sputum specimens are also acceptable.

Swab and Media Considerations

- Specimens must be collected using swabs with a synthetic tip (e.g., polyester or Dacron®)
- Acceptable swabs have an aluminum or plastic shaft.
- Swab specimen collection vials are to contain 1-3 ml of viral transport media (VTM) containing protein stabilizer and antibiotics to discourage bacterial and fungal growth and to buffer solution.

Storage and Shipping Specific Reminders

- Respiratory specimens should be kept at 2°C-8°C and shipped on cold packs. Send FedEx overnight or via same/next day courier.
- Refrigerated specimens need to arrive no later than 3 days after collection or these cannot be tested due to method limitations.
- Alternatively, specimens can be frozen at ≤-70°C and shipped on dry ice as long as these arrive to the state lab within 7 days from collection.

Infection Control

- Health care personnel who collect respiratory specimens from ill persons should follow standard contact and droplet precautions as recommended for patient care.