



ESR0806



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 ESR with your specimen. You can email your form to <u>virology@esr.cri.nz</u>

PATIENT INFORMATION T	These data fields must be completed for specimen	matching and identification as well as for epidemiological purposes	ESR USE ONLY
NHI number:	Sex:	Ethnicity:	
Surname:	First name:		- Attach
DoB:	Occupation:		label here
DHB:	Ward:	Dr/Requestor:	
CLINICAL INFORMATION	Please select appropriate responses and provide	relevant information	••••••
Onset date:	Foreign travel (specify country):		Comments:
Animal contact: NZ	Overseas If yes, specify animal con	tact:	
Symptoms/Other details:			
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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	
lf known, speci Date:	ify date of la	st influenza vaccination:	
Has the patient	t had antivira	al (eg: Tamiflu) medication?	
If yes, specify r	name, date a	and duration of antiviral medication:	
Has any of the	patient's ho	usehold member(s) had antiviral medication?	
Yes	No	Don't know	
If yes, specify r	name, date a	and duration of antiviral medication:	

SPECIMEN INFORMATION

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/subtypin	g by PCR	
🗌 Influenza virus antigenic strain typ	ing/subtyping	
Antiviral susceptibility		

Other (specify):

NAME AND ADDRESS FOR REPORTING
Name:
Contact:
Phone:
Email:
Other (specify):

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 ESR.				
Stored:	Ambient	Chilled	Frozen	Time for
Transported:				

Sample sent to:

NCBID – Wallaceville: 66 Ward Street, Upper Hutt

ESR USE O	NLY				
Received:	Ambient	Chilled	Frozen	A	R

RESET FORM