

KDHE Influenza Virus Specimen Submission Form

(Revised 8/2018)

! **Print neatly** using capital letters.

! Form must be filled out **completely**.

! Hospitals may submit a specimen for any hospitalized patient

! ILINet clinics may submit up to 5 specimens per week from patients with influenza-like illness.

FACILITY INFORMATION

Facility Name: _____ KDHE Lab Facility ID: _____

Provider Name: _____ Contact #: _____ Fax #: _____

Address: _____ City: _____ County: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____

Date of Birth: _____ Phone: _____ Address: _____

City: _____ County: _____ State: _____ Zip: _____

Race: White Asian AI, AN Black HN, PI Sex: Male Female Unknown

Ethnicity: Hispanic or Latino Non-Hispanic or Latino

ILLNESS INFORMATION

Illness onset date: _____ Hospitalized? Yes No Died? Yes No

SPECIMEN INFORMATION

Specimen collection date: _____

Specimen collection time: _____

Source: NASOPHARYNGEAL (NP) SWAB*

**Preferred for PCR testing*

NASAL SWAB

THROAT SWAB

NASAL ASPIRATE

OTHER

(SPECIFY): _____

SPECIAL INSTRUCTIONS

Packing and shipping instructions: www.kdheks.gov/labs/downloads/Virus_pictorial_guide.pdf

Packing or shipping questions: Contact KDHE Laboratory at 785.296.1620.

Epidemiology-related questions: Contact KDHE at 877.427.7317.

Ship To:

Kansas Health and Environmental Laboratories
6810 SE Dwight Street
Topeka, KS 66620-0001

KDHE Use Only: