



Maine Center for Disease Control and Prevention Influenza Virus Specimen Submission Form 7/09

This form **must be submitted** with Influenza virus test requests. Specimens that are submitted for Influenza testing without this form may be delayed or not tested. A HETL requisition is **required** for all specimens submitted. Specimens will not be tested without a HETL requisition.

Patient Information

Last Name: _____ First Name: _____
 DOB: ____/____/____ Phone Number: (____)____-____
 Gender: _____ Race: _____ Ethnicity: _____
 Address: _____

Clinical Information

Treating Physician Name: _____ Phone Number: (____)____-____
 Date of symptom onset (fever or respiratory symptoms) / /
 Rapid test for influenza: Positive Negative Not Done
Pregnant: Yes No **Health Care Worker:** Yes No
High Risk of severe disease due to underlying medical conditions: Yes No

Hospitalized > 24 Hours: Yes No

If Hospitalized:

Name of Hospital: _____
 Clinical Prognosis: Good Fair Critical Date of admission: / /
 Admitted to ICU: Yes No Put on Ventilator: Yes No

Exposure Setting

Is patient associated with any of the following institutions?

- | | |
|---|---|
| <input type="checkbox"/> Day Care | <input type="checkbox"/> Homeless Shelter |
| <input type="checkbox"/> School | <input type="checkbox"/> Military |
| <input type="checkbox"/> College/University/Boarding School | <input type="checkbox"/> Correctional facility |
| <input type="checkbox"/> Camp | <input type="checkbox"/> Other Residential/Group Setting: |
| <input type="checkbox"/> LTC/Skilled Nursing | |

Name of institution(s):

Location:

To Be Completed By Maine CDC Staff:

Date Reported State: / / Date Specimen Received at HETL: / /
 Tested: Yes No If no, why? Epidemiologist:
 If not tested: Person notified: Date Notified:
 HETL #: