SONOMA COUNTY PUBLIC HEALTH LABORATORY

Specimen Collection and Submittal Instructions – for all Influenza including A(H_3N_2)v Influenza

Respiratory Specimens:

- Each specimen should be labeled with: **date of collection, specimen type and patient name.**
- Specimens are best collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms.
- Collect a nasopharyngeal swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Orophayrngeal (throat) swabs are acceptable, but may not have as high yield. If orophayrngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx. Place the swabs in a standard container with 2-3 ml of viral transport media (VTM).
- Use Dacron-tipped swabs only. Cotton or calcium alginate swabs are **not** acceptable for PCR testing.

Specimen Storage and Shipment:

The specimens should be kept refrigerated and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70ºC or below and shipped on dry ice. Specimens should be shipped to:

SONOMA COUNTY PUBLIC HEALTH LABORATORY
3313 CHANATE ROAD SANTA ROSA, CA 95404 (707) 565-4711

Patient and Sample Information **(AT MINIMUM, PLEASE COMPLETE THE BOLDED BOXES)**

Patient's last name, first name				**Specimen type and/or specimen source**
Age	**DOB:**	Sex (circle): M F	Onset Date:	Date Collected
Patient's mailing address (including Zip code)				**Type or print submitter's complete mailing address**

Local Laboratory Results:

Was this specimen tested by a rapid antigen test? [ ] Yes [ ] No If yes, the result was: [ ] positive [ ] negative
Was this specimen typed as Influenza A by DFA or PCR? [ ] Yes [ ] No If yes was a subtype identified ? [ ] Yes [ ] No

Clinical Information (fill in or check as pertinent)

Clinical Findings

[ ] Fever to _____ ºF
[ ] Generalized aches
[ ] Malaise
[ ] Cough
[ ] Chills
[ ] Joint aches or stiffness
[ ] Lymphadenopathy
[ ] Headache

Please attach physician summary notes, other clinical findings and/or pertinent laboratory data. Specify if the patient has chronic illness, immunosuppression or obesity:

Is patient hospitalized? [ ] Yes [ ] No
Is patient in the ICU? [ ] Yes [ ] No
Is patient pregnant? [ ] Yes [ ] No

Submitting Physician: _____ Phone # ( ) _____

Submitting Facility: _____ Fax # ( ) _____

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