

- ! *ILINet Site and Hospital use **only***
- ! ***Print neatly** using capital letters*
- ! *Form must be filled out **completely***
- ! *Specimens with incomplete forms **may be rejected***

SUBMITTING FACILITY INFORMATION

Today's Date: _____ Facility Name: _____ KDHE Lab Facility ID: _____
 Provider Name: _____ Contact #: _____ Fax #: _____
 Address: _____ City: _____ County: _____

PATIENT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: _____ Sex: M F
 Race: _____ Ethnicity: _____ Phone (H): _____ Other Phone: _____
 Address: _____ City: _____ County: _____ State: _____ Zip: _____

If female, is the patient pregnant or 6 weeks post-partum? Y N Unknown
 Has patient received a 2009-2010 SEASONAL flu vaccine? Y N (If yes, approximate date(s) of vaccination: _____)
 Has patient received any 2009 H1N1 flu vaccine? Y N (If yes, approximate date(s) of vaccination: _____)

ILLNESS INFORMATION

Illness Onset Date: _____ Highest temperature of fever: _____ Cough: Y N Sore throat: Y N
 Hospitalized? Y N Hospital: _____ City: _____
 If hospitalized, answer the following questions: Is patient critically ill? Y N
 Is patient in ICU? Y N
 Is patient on a ventilator? Y N
 Died? Y N If yes, Date of Death _____

SPECIMEN INFORMATION

Date specimen collected: _____ Source: Nasopharyngeal (NP) Swab * Nasal Swab *
 Throat Swab Nasal Aspirate
 Combined NP and Throat Swabs * Preferred specimens.

Was a rapid flu test conducted? Y N Result: _____ Manufacturer: _____

SPECIAL INSTRUCTIONS

1. Specimens will only be accepted from hospitals, ILINet sites and clusters under active investigation.
2. The form must be filled out **completely** to allow processing at the KDHE Laboratory.
3. The facility ID number must represent the primary location to which results are to be sent, not a secondary shipping facility.
4. Only collect specimens from patients with influenza-like illness (ILI) defined as fever (> 100° F) AND cough and/or sore throat (in the absence of a known cause other than influenza). The patient's temperature can be measured in the office or at home.
5. Each ILINet clinic should submit 2 specimens per week from 2 different patients with ILI.
6. Hospitals **should** submit 1 specimen per week from a hospitalized patient with ILI.
7. Hospitals **may** submit a specimen for any **hospitalized, critically ill patient**, if deemed necessary.

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 BSE at 877.427.7317.

This form is available at: www.kdheks.gov/flu/download/KDHE_Influenza_Specimen_Submission_Form.pdf

Ship To:

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