NH PUBLIC HEALTH LABORATORIES
DEPARTMENT OF HEALTH AND HUMAN SERVICES
29 Hazen Drive, Concord, NH 03301
Telephone: 603-271-4661, Fax: 603-271-2138

LABORATORY TEST REQUISITION

INFLUENZA
Requisition Only

SUBMITTER INFORMATION - Please Print Legibly

Submitter Facility Code: __ __ __ __ __
Submitter Facility Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone No.: _____ Fax No.: _____
Referring Physician (Full Name): _____
National Provider Identifier #: _____

PATIENT INFORMATION - Please Print Legibly

NOTE: **All specimens MUST have Date of Birth and Date of Collection**

Last Name: _____
First Name: _____
D.O.B:_____ Age: _____ Sex: M F
M M / D D / Y Y
Address: _____
City: _____ State: _____ Zip: _____
County: _____
ICD-9 CM / Diagnosis (DX) Code: __ __ __ __ __
RACE: WHITE BLACK ASIAN NATIVE–American/Alaskan MULTIRACIAL
HAWAIIAN/PACIFIC ISLANDER UNKNOWN OTHER
ETHNICITY: NON-HISPANIC HISPANIC UNKNOWN
ID #: _____

SPECIMEN INFORMATION:

DATE of specimen collection: _____
TIME of specimen collection: _____ AM PM

SITE/SOURCE of Specimen (please check):

_____ Nasopharyngeal Swab *(Specimen of choice)*
_____ Nasopharyngeal Swab *plus* Throat Swab
_____ Nasal Aspirate
_____ Nasal Swab
_____ Nasal Wash
_____ Throat Swab
_____ Bronchial Wash
_____ Tracheal Aspirate

TEST REQUEST

☐ **INFLUENZA PCR Test**
(You must check this for testing to occur)

1. **Please check all that apply for your request for Influenza Testing:**
___ Requesting provider participant in the ILI Sentinel Provider Network
___ Member of possible outbreak or cluster
___ Deceased
___ Hospitalized patient
___ Health care worker
___ Pregnant woman
___ Other _____

2. **Rapid Influenza Test Performed:**
If rapid test performed, please enter result:
Influenza A _____
Influenza B _____

3. **Patient Travel:**
Has patient recently traveled? _____
Destination: _____
Date of travel: _____

4. **Recent Influenza Vaccine Received:**

☐ **Nasal Flu Mist**
Date received: _____
☐ **Injection**
Date received: _____
☐ **None**

PHL LAB USE ONLY_____

Other Test Requested or Additional Comments and Remarks: _____3/11/14