

**REQUISITION FOR INFLUENZA AND RESPIRATORY VIRUS TESTING  
 DURING PANDEMIC**

**Do not test if patient has a mild influenza-like illness, unless indicated by risk information**

Personal Health Number (PHN) or unique ID number if no PHN		Patient. Hospital. #		Hospital & location (ward, clinic)				<b>ProvLab use only</b> <input type="checkbox"/> 789 <input type="checkbox"/> 8002 <input type="checkbox"/> 8350 EI number for outbreak	
<input type="checkbox"/> M <input type="checkbox"/> F	Patient Legal Name (Last) (First) (middle)			D O B	DD	MM	YYYY		
Patient Address		City	Prov	Postal code					
<b>Submitter</b>					<b>Send copy to</b>				
Physician / Nurse Practitioner (Last Name) (First Name)					Last and First name				
Reporting Address					Reporting Address				
Physician code					Report Location code				

**Date\Time specimen collected:** \_\_\_ dd \_\_\_ mm \_\_\_ yyyy **TIME (24 h):** \_\_\_\_\_

**Specimen Type:** Autopsy (773)  Yes  No

<b>SWAB</b> (14) <input type="checkbox"/> Nasopharyngeal (184) <input type="checkbox"/> Throat (275)	<b>FLUID \ ASPIRATE</b> (4) <input type="checkbox"/> Nasopharyngeal (184) <input type="checkbox"/> Auger suction (16) <input type="checkbox"/> Pleural Fluid (226): <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Endotracheal (80) <input type="checkbox"/> BAL (30): ORUL ORML ORLL OLUL OLLL <input type="checkbox"/> Bronchial wash (31): ORight Lung OLeft Lung	<b>TISSUE</b> (15) Anatomical site: _____
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For information related to specimen collection or type, visit [www.provlab.ab.ca](http://www.provlab.ab.ca)

**ADDITIONAL INFORMATION: CHECK all applicable box(es).**

<b>INPATIENT</b> <input type="checkbox"/> Pending hospital admission <input type="checkbox"/> Inpatient <input type="checkbox"/> ICU \ PICU \ NICU <input type="checkbox"/> Critical care	<b>OUTPATIENT</b> <input type="checkbox"/> Community Clinic <input type="checkbox"/> Hospital Clinic <input type="checkbox"/> ER not for admission	<b>Clinical information: Check all that apply</b> <input type="checkbox"/> Chronic cardiopulmonary disorders (873) (e.g., asthma, COPD, bronchopulmonary dysplasia, congestive heart failure) <input type="checkbox"/> Diabetes mellitus (89) <input type="checkbox"/> High body mass index \ Obesity (872) <input type="checkbox"/> Immunocompromised (298) (e.g., transplant recipient, on chemotherapy\ immunosuppressives, immunodeficiency state) <input type="checkbox"/> Pregnancy \ Postpartum within 4 weeks (238) <input type="checkbox"/> Renal Dialysis (752) <input type="checkbox"/> None (316) <input type="checkbox"/> Other _____ (specify)
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**Other history:**

Onset of illness: \_\_\_ dd \_\_\_ mm \_\_\_ yyyy

Travel within last 2 weeks to: \_\_\_\_\_ (state country), returned on \_\_\_ dd \_\_\_ mm

Patient received:  2009/10 Seasonal Flu Vaccine (874)  Pandemic Flu Vaccine (875)  None (876)  Unknown (877)

Antiviral history:  Oseltamivir (878)  Zanamivir (879) **Start date:** \_\_\_ dd \_\_\_ mm