A picture containing logo

Description automatically generatedMaine Health and Environmental Testing Laboratory

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**(\*REQUIRED FIELDS for Site submitting Influenza surveillance specimens)**

|  |  |  |
| --- | --- | --- |
| **\***Name/Address Submitter Phone  Submitter Fax# | Hospital/Lab ID# | |
| Physician Name (**First/Last**) | |
| Physician Address and Phone | |
| **\*Patient Name (\*Last, \*First, MI)**  **Patient Address:**  **Is patient hospitalized?**  **Yes**  **No** | **\*Gender**   M  F | **\*Specimen source** |
| Bronch wash Midturbinate Nasopharyngeal  Nasal Nasal Wash Throat  Other (specify): |
| **\*Date of Birth (mm/dd/yyyy)** |
| **\*Symptom Onset Date** | **\*Date of Collection (mm/dd/yyyy)** |

Influenza Vaccine status (if known): Vaccinated Unvaccinated Unknown

Patient exposure to agricultural animals: Yes No Unknown

TEST USED: Rapid Antigen RT-PCR Instrument used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Positive for Influenza A Subtype if known: \_\_\_\_\_\_\_\_\_\_\_\_

Positive for Influenza B

Ct value if available \_\_\_\_\_\_\_\_\_\_\_

Was this specimen tested for SARS-CoV-2? Yes No Unknown

If yes, what was the SARS-CoV-2 result? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Samples from patients meeting the following requirements will be tested as diagnostic specimens with reports being issued:

Patient symptomatic, hospitalized, with or without animal exposure

*All other samples will be considered submitted for surveillance purposes only.*

**No results will be provided to submitter for any surveillance specimens.**