Maine Health and Environmental Testing Laboratory

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

|  |  |
| --- | --- |
| **\***Name/Address Submitter PhoneSubmitter 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.**