California Department of Public Health – Viral and Rickettsial Disease Laboratory Influenza or other Respiratory Illnesses Specimen Submittal Form Specimen Collection and Submittal Instructions

- The optimal sample for most respiratory illnesses is a nasalpharyngeal (NP) swab. If this sample cannot be obtained, then please collect a throat swab and a nasal swab. Place the NP swab or both the throat and nasal swabs into a single container with viral transport media (VTM). Break off the handle(s) of the swabs far enough down to make sure that the cap will seal tightly to prevent leakage.
- If patient is hospitalized with pneumonia, it is recommended that specimens from the lower respiratory tract (tracheal aspirate, bronchial lavage) should also be submitted.
- Please use Dacron-tipped swabs with wire or plastic handles. Cotton-tipped, calcium alginate, and swabs with wooden handles may be toxic and are unsatisfactory.
- Please use only a viral transport medium. LQ Stuart (green or red top), Amies (with or without charcoal) and A.C.T.I. are bacterial media and contain antiviral substances rendering the sample unsatisfactory for viral testing.
- Please use one (1) submittal form per patient
- Each specimen should be labeled with date of collection, specimen type, and patient name.
- Specimens should be sent **cold** (use cold packs not wet ice) via an **overnight courier**
- Send to State Laboratory:

Specimen Receiving / Influenza Surveillance

850 Marina Bay Parkway

Richmond, CA 94804 (510) 307-8585

Please do not send specimens on a Friday. Refrigerate over the weekend and send on Monday.
 Patient and Sample Information (AT A MINIMUM, PLEASE COMPLETE THE BOLDED BOXES)

Patient's last name, first name					Patient's mailing address (including Zip code)			Route to:	
Age <u>or</u> DOB:		Sex (circle): M F	, I		COUNTY:			[]ISOL	
Disease suspected <u>or</u> test requested - <u>Check one</u> : [] Influenza [] other respiratory virus						s sample part of a special project?] Pediatric Severe Influenza Proje] Severe Illness Laboratory Surve	ect		
Specimen type and/or specimen source			Date Collected	1 st					
2 nd	1			Date Collected	2 nd				
Type or print submitter's complete mailing address					Viral 850 M Richr Phon	xiang Xia, MD, PhD, D(ABMM), SV and Rickettsial Disease Laboratory Marina Bay Parkway nond, CA 94804 e (510) 307-8585 x (510) 307-8578			
Local Laboratory Results: Was this specimen tested by a rapid antigen test? [] Yes [] No									
					F				
Submitting Physician:						Phone# ()		
Submitting Facility:									
Subm	Submitting Facility Phone# () and Fax# ()								