

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Request For Respiratory/Influenza Testing

Print using upper case letters.
Do not fax this form to the lab.

SUBMITTER INFORMATION

AUTHORIZATION CODE

SUBMITTER PHONE NUMBER - -

SUBMITTER FAX NUMBER* (see instructions) - -

SUBMITTER'S NAME

STREET ADDRESS (Include apartment/suite number)

CITY

STATE ZIP CODE

CONTACT PERSON

PHYSICIAN INFORMATION

PHYSICIAN NAME

STREET ADDRESS (Include apartment/suite number)

CITY

STATE ZIP CODE

PHYSICIAN PHONE NUMBER - -

PHYSICIAN FAX NUMBER * (see instructions) - -

FAX REQUESTED Yes No

PATIENT INFORMATION

PATIENT'S FIRST NAME

BIRTHDATE / /

AGE

PATIENT'S LAST NAME

MEDICAID IDENTIFICATION NUMBER

PREGNANT Yes No UNK

PATIENT'S IDENTIFICATION NUMBER

RACE White African American/Black Native American Asian/Pacific Islander Other Unknown

ETHNICITY Hispanic Non-Hispanic

SEX Male Female

STREET ADDRESS (Include apartment/suite number)

CITY

STATE ZIP CODE

TEST INFORMATION

DATE COLLECTED / /

INITIALS OF COMPLETING

ONSET DATE / /

ONLY ONE (1) SAMPLE PER FORM APPROVED TESTING CRITERIA

SPECIMEN SOURCE TYPE			PATIENT IS:	
<input type="radio"/> nasal swab	<input type="radio"/> nasopharyngeal swab	<input type="radio"/> dual nasopharyngeal/throat swab	<input type="radio"/> hospitalized	<input type="radio"/> congregate facility resident
<input type="radio"/> nasal wash	<input type="radio"/> tracheal aspirates	<input type="radio"/> bronchoalveolar lavage	<input type="radio"/> deceased	<input type="radio"/> health care worker
<input type="radio"/> throat swab	<input type="radio"/> bronchial wash	<input type="radio"/> nasal aspirate	<input type="radio"/> in ICU	<input type="radio"/> associated with outbreak
<input type="radio"/> viral culture	<input type="radio"/> sputum	<input type="radio"/> lung tissue		

LAB USE ONLY

Specimen Number Area Below

31424

