



## Instructions

The Illinois Department of Public Health laboratory requisition form titled "Request For Respiratory/Influenza Testing" is designed to accompany the specimens submitted to the Department's laboratories by approved submitters for respiratory/influenza testing.

**DEFINITION** – The submitter is the entity that sends the specimen to be tested. Submitters must determine if the specimen meets the criteria for submission to the state public health laboratories or if they must contact the local health department to obtain an authorization code for testing. Submission criteria are updated and posted at [www.idph.state.il.us/h1n1\\_flu/](http://www.idph.state.il.us/h1n1_flu/).

**SUBMITTER INFORMATION** – Enter the authorization code (see DEFINITION above), name of the organization/hospital requesting the test, the ordering contact person/clinician's last name, the complete address of the organization/hospital requesting the test, and the complete submitter's phone and fax\* numbers.

\*In order for the submitter to receive clinical results by fax, an authorized individual from your facility must enter a complete submitter fax number listed in the "Submitter Information" field and fill in the circle listed under "Physician Information" for "Fax Requested." By providing the fax number, completing the fax requested sections and agreeing to the following conditions, the Department's Division of Laboratories is authorized to send the transmission.

As a responsible representative of submitting agency, I hereby agree to the following conditions and requirements:

- 1) I certify that the fax number provided below is for a fax machine located in a secure setting and that access to the fax machine is restricted to individuals authorized to receive and process confidential clinical laboratory results.
- 2) I will notify the Department's Division of Laboratories immediately of any problems associated with receiving test results via fax.
- 3) I will comply with all patient confidentiality requirements, applicable state and federal laws, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), and requirements of the Clinical Laboratory Improvement Act (CLIA).

**PHYSICIAN INFORMATION** – Print the ordering physician's name. Enter physician's complete address, phone and fax\* numbers.

**PATIENT INFORMATION** – Print the patient's full name. Enter the patient's birth date and complete address. Provide the patient's Medicaid Recipient identification number, if applicable. Indicate if the patient is pregnant or not. The patient's identification number is an optional field for a locally assigned patient number; it may be completed at the discretion of the submitter. Complete race, ethnicity and sex information.

**TEST INFORMATION** – Enter the date the specimen was collected. This is a **REQUIRED** field.

Enter the date of patient's illness onset. Please **print** the initials of person completing the requisition form. Fill in circle for the appropriate specimen source type, the approved testing criteria information, and if patient meets approved testing criteria.

Specimen Source Type abbreviations:

NP – Nasopharyngeal

ETA – Endotracheal Aspirate

BAL – Bronchoalveolar Lavage

**COLLECTION AND SUBMISSION INSTRUCTIONS** – Instructions for collection and specimen transport can be found at [http://www.idph.state.il.us/about/laboratories/Resp\\_Virus\\_Specimen\\_Sub.pdf](http://www.idph.state.il.us/about/laboratories/Resp_Virus_Specimen_Sub.pdf).

Send completed requisition form along with specimen to:

Chicago Laboratory  
2121 W. Taylor St.  
Chicago, IL 60612  
312-793-4760

Springfield Laboratory  
825 N. Rutledge St., P.O. Box 19435  
Springfield, IL 62794  
217-782-6562

Carbondale Laboratory  
1155 S. Oakland Ave., P.O. Box 2797  
Carbondale, IL 62901  
618-457-5131