

California Department of Public Health - Viral and Rickettsial Disease Laboratory
INFLUENZA- Reference Examination (Respiratory and GI Unit)
Attn. Hugo Guevara

(see reverse side for submittal instructions and space for additional details)

Patient's Last Name, First Name:	Age or DOB	Sex	Occupation and/or travel history:
Test Requested: <input type="checkbox"/> Typing/Subtyping <input type="checkbox"/> Straintyping <input type="checkbox"/> AVR	Onset Date	Major Clinical Findings:	
Original Source of Specimen:	Date Collected		

Description of Material Submitted: <input type="checkbox"/> Isolate Supernatant <input type="checkbox"/> Infected Cell Culture Monolayer <input type="checkbox"/> Original Specimen <input type="checkbox"/> Nucleic Acid (NA) <input type="checkbox"/> other (describe) Ship.Temp: <input type="checkbox"/> Room temp <input type="checkbox"/> 4C <input type="checkbox"/> Frozen]	Cell Type and Passage Number:	Local Lab #	Date Received at VRDL and Laboratory Accession #

Isolation Method of Detection (Results of Local Laboratory)

Host and Passage History	Description of CPE	Days Post Inoc. CPE First Noted	Hemadsorption Test			Other Results
			Type RBC Used	Days Post Inoc	Results	

Isolation Identification Method Used by Local Laboratory

Specific Immune Serum/ Conjugate Used	Method (IF,other)	Result	Sources of Immune Sera/ Conjugate (Species, Manuf,Lot#)

Molecular Identification Methods Used by Local Laboratory

rt RT-PCR Platform	rt RT-PCR Results (include Ct values) (typing and subtyping)	Source of Molecular Reagents <input type="checkbox"/> VRDL ; <input type="checkbox"/> CDC; <input type="checkbox"/> others

Report of State Laboratory Findings

Method Used	Results	Report Date(s)
<input type="checkbox"/> MDCK <input type="checkbox"/> mod-MDCK <input type="checkbox"/> Primary MK <input type="checkbox"/> _____ <input type="checkbox"/> rRT- PCR VRDL <input type="checkbox"/> rRT-PCR Flu Panel (IVD) <input type="checkbox"/> rRT-PCR 2009 A(H1N1)pdm <input type="checkbox"/> _____	<input type="checkbox"/> Virus/Agent Identified: <input type="checkbox"/> No Virus Agent found in material submitted. <input type="checkbox"/> Efforts to identify this agent have been unsuccessful thus far. Further studies will continue	Preliminary Report
		Final Report

Test performed under the direction of:

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 Division of Communicable Disease Control
 Viral and Rickettsial Disease Laboratory
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 Phone (510) 307-8585 Rev. 6/02/10

Instructions for Submission of Specimens fro Influenza-Reference Examination

Material Submitted:

Indicate full nomenclature and source of cell cultures used (use space below in insufficient room on the front).

Method of Detection and Identification in the Local Lab: If the original specimen is from the respiratory tract, please perform and record the results of the hemadsorption test using guinea pig RBC.

Transportation of specimens for Influenza Reference Examination:

- 1) Transport of monolayer cell culture isolates.
Submit an aliquot of original specimen (~0.75 ml) when possible.
Don't fill tubes with maintenance media.
Ship overnight at 4C (cold packs) when original specimen is included.
Ship infected cell culture monolayer at ambient temperature.

- 2) Transport of cell culture supernatant:
Submit an aliquot of original specimen (~0.75 ml) when possible.
Retain some of the isolate at local laboratory
Ideally ship frozen on dry ice.
An overnight shipment at 4C (cold packs) can be done as alternative.

- 3) Transport of original specimens and Nuclei Acid (NA):
Submit ~0.75 of the original specimen and ~50ul of NA.
VRDL will be test NA when discrepant results are found. Do not send NA only.
Ideally ship frozen on dry ice.
An overnight shipment at 4C (cold packs) can be done as alternative.

Additional Space for Major Clinical Findings, Travel History and Risk Factors

Supplemental Questions:

- 1) Did patient travel within the last 10 days before onset of symptoms? Yes No
If YES, where? _____
- 2) Did patient become infected in an outbreak setting*? Yes No
If YES, name of location/setting? _____
* If specimen is from a long term care facility outbreak, please fill out the VRDL Long-Term Care Facility Respiratory Outbreak Form
- 3) Did patient receive seasonal influenza vaccination \geq 14 days prior to onset of symptoms? Yes No If yes, how many doses? _____
- 4) Is patient taking antiviral drugs? Yes No If YES, what drug? _____ **Date started** ____/____/____

Additional Space for Description of Methods of Detection, Identification Methods Used and/or Other Comments/Observations

