

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Indiana State Department of Health (ISDH)  
Novel Influenza A (H1N1) Lab Submission Form**

Beginning **Thursday, May 14**, viral specimen submissions to the ISDH Laboratory to rule out infection with the *novel influenza A (H1N1) virus* strain **have to meet** at least one of the three following criteria.

**Mark the criterion that applies to your submission.**

Y  N **We are a preestablished sentinel provider who participate in Indiana’s Influenza Sentinel Physicians Surveillance Network.** Sentinel providers are encouraged to continue to submit specimens on patients presenting with influenza-like illness (ILI), which is defined as fever  $\geq 100$  degrees F with cough or sore throat.

*or*

Y  N **Our specimen is from a patient that has ILI (fever  $\geq 100$  degrees F with cough or sore throat) and meets the requirement of at least one “High Risk Category.”** Specimens from high risk patients with positive or negative rapid influenza A or A/B tests should be sent. Specimens from high risk patients with positive influenza B tests should not be sent. *Mark the high risk categories below that best describe your patient.*

*or*

Y  N **Our specimen is from a patient whose death is associated with ILI.**

Specimens collected after May 14 from patients that do not meet these criteria will **NOT be tested** by the ISDH Laboratory.

**High Risk Categories – please mark the categories that best describe your patient.**

- The patient has ILI and is hospitalized or has symptoms indicating need for hospitalization.**  
Date of admission:    /    /                      Hospital: \_\_\_\_\_
  
- The patient has ILI and is pregnant.**  
Estimated Delivery Date:            /            / \_\_\_\_\_
  
- The patient has ILI and is immunocompromised.**
  
- The patient has ILI and is a health care worker.**  
Occupation: \_\_\_\_\_ Facility: \_\_\_\_\_  
Last day of work (& shift worked):    /    /                      Shift: \_\_\_\_\_
  
- The patient has ILI and is under the age of 5.**
  
- The patient has ILI and is over the age of 65.**

**If you have any questions please contact:**

Epidemiology and Surveillance  
Shawn Richards  
ISDH Influenza Coordinator  
317-233-7740  
[srichard@isdh.IN.gov](mailto:srichard@isdh.IN.gov)

Laboratory Issues  
David Dotson  
Director, Emergency Preparedness & Response  
317-921-5545  
[ddotson@isdh.IN.gov](mailto:ddotson@isdh.IN.gov)

**Please complete and send this page (in addition to the ISDH Virology Submission Form) with each specimen.**

## **RATIONALE FOR MODIFYING LAB SUBMISSION GUIDELINES:**

The ISDH is modifying its laboratory submission and case investigation guidelines in response to new CDC recommendations and to conduct more effective and efficient surveillance of the novel influenza A (H1N1) virus. National and statewide surveillance data continue to show that infection caused by the H1N1 virus is mild and widespread. Indiana and several other states are focusing now on maintaining outpatient sentinel surveillance and surveillance of hospitalized cases in an effort to conserve resources and begin planning for the fall influenza season.

## **SPECIMEN COLLECTION:**

1. Insert a nasopharyngeal swab with flexible shaft through nostril to posterior nasopharynx. (Do not use wooden shaft swabs. Dacron, rayon, or flocked swabs give optimal results.)
2. Place swab in viral transport medium. If you cannot obtain viral transport medium, you may use other transport media but sensitivity may be compromised.
3. If necessary, break or cut shaft to allow the transport tube to be completely sealed.
4. NP aspirates in viral transport medium are also excellent specimens.
5. Label each tube with the patient's name and the collection date.
6. When submitting specimens from **deceased patients** with ILI as a cause of death, the specimen should be from a tracheal wash or swab that is placed in an appropriate transport medium.
7. Specimens should be placed at refrigerator temperature immediately after collection and transported with cold packs.
8. Make sure you meet the requirements for virology lab submission associated with the novel Influenza A (H1N1) virus strain (see page 1). Complete an Influenza Lab Submission form for each specimen (form is included here and can be found at: <http://www.in.gov/icpr/webfile/formsdiv/35212.pdf>). Make sure your clinic or laboratory address is complete and provides the fax number where you want the report to be faxed.
9. If unable to ship the same day, refrigerate the specimens.
10. Transport the specimens on cold packs with Overnight Delivery. Holding the specimens longer than 24 hours will decrease the chance for influenza isolation.
11. Failure to fill out the form completely (**pages 1, 3 & 4 of this document**) may result in sample rejection.

## **PACKING AND SHIPPING:**

1. Wrap the specimen(s) in an absorbent pad and secure all specimens in a Ziploc-type bag.
2. Place the completed Influenza Lab Submission form(s) [**including the first page of this document**] in the liner of the bag and enclose with the frozen cold pack in a Styrofoam container.
  - a) **If your clinic/lab submits using LimsNet, please complete your normal online virology submission AND include the completed first page of this submission form with each specimen.**
3. Place the Styrofoam container into the cardboard box and secure the box with packaging tape.
4. Address to:
  1. Indiana State Department of Health Laboratory
  2. Attn: Virology Laboratory
  3. 550 W. 16th Street, Suite B
  4. Indianapolis, IN 46202
5. Attach your **return address** label; include the **name and telephone number** of the person who knows the content of the package (requirement) with the return address.
6. Specimens should be shipped so they arrive at the ISDH Lab during business hours, Monday – Friday.

**ISDH Lab now has an electronic lab specimen submission system which allows your facility to enter specimen data online rather than on a paper form. This system will allow your facility to see and print results in real-time, save time on submission, and reduce errors. If your facility is interested in submitting samples through LimsNet please call our LIMS Help Desk at 317-921-5506, or 888-535-0011, or email us at [LimsAppSupport@isdh.in.gov](mailto:LimsAppSupport@isdh.in.gov).**

**VIROLOGY**State Form 35212 (R5/7-08)  
CLIA Certified Laboratory #15D0662599Indiana State Department of Health Laboratories  
550 W. 16th Street, Suite B  
Indianapolis, IN 46202  
(317) 921-5500

Use a separate form for each specimen. Specimens without a name will not be analyzed.

**Section 1. Patient Demographics**

\_\_\_\_\_  
 Last Name First Name MI Date of Birth

\_\_\_\_\_  
 Number & Street Address City State ZIP Code

\_\_\_\_\_  
 Race: County of Residence Phone Number

Asian  White  
 Black or African American  Multiracial  
 American Indian or Alaska Native  Other  
 Native Hawaiian or Other Pacific Islander  Unknown

Ethnicity:  Hispanic or Latino  Not Hispanic or Latino  Unknown  
 Sex:  Male  Female  Unknown

Name of  Employer  School  Care Facility  Institution Facility Phone Number Occupation  
 Institution Resident?  No  Yes Institution Type  Prison  Nursing Home  Other (specify) \_\_\_\_\_

Address of Employer/School/Care Facility/Institution  
 \_\_\_\_\_  
 City State ZIP Code

**Section 2. Clinical Information**

Specimen Information:  
 Isolate  Swab  Stool  Fluid  Tissue  Other: \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Anatomical Site  
 Date of Illness Onset Date of Collection Is Patient Immunocompromised?  Yes  No

Clinical Diagnosis  
 State of Illness  Asymptomatic  Symptomatic (If patient is symptomatic, please check all signs/symptoms that apply)

<b>General Symptoms</b> <input type="checkbox"/> Fever _____°F <input type="checkbox"/> Headache <input type="checkbox"/> Sore Throat <input type="checkbox"/> Cough	<b>CNS</b> <input type="checkbox"/> Encephalitis <input type="checkbox"/> Meningitis <b>Ocular</b> <input type="checkbox"/> Conjunctivitis <input type="checkbox"/> Photophobia	<b>Exanthema</b> <input type="checkbox"/> Maculopapular <input type="checkbox"/> Papular <input type="checkbox"/> Hemorrhagic <input type="checkbox"/> Vesicular <input type="checkbox"/> Petechial	<b>Respiratory</b> <input type="checkbox"/> Upper Resp. Inf. <input type="checkbox"/> Lower Resp. Inf. <input type="checkbox"/> Pneumonia <input type="checkbox"/> ARDS	<b>Gastrointestinal</b> <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <b>Cardiovascular</b> <input type="checkbox"/> Heart Inflammation
--	--	--	---	---

Other Symptoms (please specify) \_\_\_\_\_

Is this specimen part of a public health investigation?  Yes  No  Unknown

**Section 3. Influenza Submission Information**

Influenza Authorization Code \_\_\_\_\_ Influenza Sentinel Physician # \_\_\_\_\_

Influenza Rapid Test:  Positive  Negative  Not Performed If positive:  Type A  Type B  Type A/B  Not Typed

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Vaccine Type  Killed Vaccine  Attenuated Vaccine/Flu Mist Number of Doses:  1  2  
 Vaccination Date

Patient Received/Receiving Antivirals?  Yes  No \_\_\_\_\_  
 If Yes, Date Administered

Which antiviral prescribed? \_\_\_\_\_

Patient Contact with (check all that apply):  Birds  Animals  Family  Community  Resp. Disease Outbreak

**Complete Reverse Side**

**VIROLOGY**

State Form State Form 35212 (R5/7-08)

**Section 4. Travel History**

Travel history for the past 60 days:

Traveled to/from: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Departure

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Return

**Section 5. Virus Suspected**

- Adenovirus
- Enterovirus
- Herpes Simplex
- Influenza
- Measles
- Mumps
- Norovirus
- Parainfluenza
- Respiratory Syncytial Virus
- Varicella
- Community-Acquired Pneumonia
- Other \_\_\_\_\_

**Section 6. Submitter Information**

Healthcare Provider's Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fax Number

Submitting Facility Name \_\_\_\_\_

Number & Street Address \_\_\_\_\_

\_\_\_\_\_  
City State ZIP Code

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Phone Number

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Fax Number

Collect specimen for virus culture and PCR testing as early as possible in the acute stage of illness. Acceptable specimens may include the following: isolates, NP swabs or throat swabs, stools or rectal swabs, body fluids, lesion swabs or scrapings, biopsy tissue (no preservative), and postmortem tissues (no preservative) depending on the suspected virus. Swabs must be placed in 2-3 mL of viral transport media such as M4, M4-RT, M5 UTM-RT, etc. Use a 7A container, available from the ISDH Container Section, for Norovirus specimens.

Refrigerate specimens for virus culture and PCR testing immediately after collection at 2-8° C. Wrap the labeled specimen container with absorbent material and place in a biohazard specimen bag to prevent breakage or spillage during shipment. Ship specimens within 24 hours in a heavily insulated box with sufficient ice packs to maintain 2-8° C while in transit. Pack specimens to prevent breakage or spillage. Ship the box compliant with DOT and IATA regulations.

Viral recovery may be complicated if specimens are not shipped refrigerated immediately after collection. If shipment and delivery to the ISDH laboratories is not possible within 24 hours after collection, specimens must be frozen at -70° C or below. Do not store at -20° C. Ship frozen specimens on 10 lb. dry ice in a heavily insulated box. Do not ship on Friday, hold in freezer for Monday shipping.

Specimens should be received by the ISDH Laboratory within 5 days of collection.

**For ISDH Lab. Use ONLY**

**Place Label here**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Received