Influenza Sentinel Physician Test Requisition

Bureau of Laboratories Michigan Department of Health and Human Services

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Laboratory Records: 517-335-8059 Fax: 517-335-9871 Technical Information 517-335-8067 Web: HTTP://www.Michigan.gov/mdhhslab

Date Received at MDHHS	MDHHS Sample #

SENTINEL PHYSICIAN SUBMITTER INFORMATION	ENTER STARLIMS CODE >>>>>>>>>>>>										
Return Results to:	Phone (24/7)										
	FAX										
CONTACT PERSON/ REFERRING PHYSICIAN/ PROVIDER NAME	NATIONAL PROVIDER IDENTIFIER:										

PATIENT INFORMATION - NAME (LAST, FIRST, MIDDLE INITIAL OR UNIQUE IDENTIFIER) Must Match Specimen Label Exactly

SUBMITTER'S PATIENT # - IF APPLICABLE														

PATIENT'S **CITY**-RESIDENCE		**ZIP** CODE						**GENDER**	☐ Female ☐ Male

RACE	☐ AMERICAN INDIAN OR ALASKAN NATIVE ☐ ASIAN ☐ BLACK OR AFRICAN AMERICAN ☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER ☐ WHITE ☐ OTHER

ETHNICITY	☐ HISPANIC OR LATINO	☐ NOT HISPANIC OR LATINO	☐ UNKNOWN										

DATE OF BIRTH	M	M	D	D	Y	Y	Y	Y	**ONSET DATE**	M	M	D	D	Y	Y	Y	Y

SUBMITTER'S SPECIMEN # - IF APPLICABLE													

PATIENT STATUS ☐ OUTPATIENT ☐ INPATIENT ☐ UNKNOWN

SPECIMEN INFORMATION - <u>INDICATE TEST REQUESTED</u>

☐ Sentinel Influenza Surveillance Testing

DATE COLLECTED	M	M	D	D	Y	Y	Y	Y	TIME COLLECTED					☐ A.M.	☐ P.M.

INDICATE SPECIMEN SOURCE BELOW

☐ NP Swab in VTM or PBS
☐ Dual NP/OP Swabs in VTM or PBS
☐ Nasal Aspirate
☐ Nasal Swab in VTM or PBS
☐ Viral Aspirate
☐ Other

MDHHS Prior Approval Given By:_____

INDICATE TEST REASON BELOW

☐ Diagnosis ☐ Surveillance ☐ Suspected Outbreak – Specify: _____

☐ Other – Specify: _____