



OSDH ADS Supplemental Worksheet for Influenza

NOTE: Please staple this supplemental laboratory worksheet to the OSDH Laboratory Requisition Form. Each specimen should be submitted with these two forms.

Demographics:

Patient: Last Name _____ First Name _____

Date of Birth: ___ / ___ / _____ (MM/DD/YYYY)

Prior Influenza Testing Information:

Yes No Has the patient been tested for influenza during this current illness?

If yes, date of collection: ___ / ___ / _____ (MM/DD/YYYY)

If yes, check all that apply:

Rapid Influenza Test

Name of test manufacturer: _____

Name of test if known: _____

- Influenza Negative
- Influenza A/B Positive
- Influenza A Only Positive
- Influenza B Only Positive

PCR Test

Name of test manufacturer: _____

Name of test if known: _____

- Influenza Negative
- Influenza A/B Positive
- Influenza A Only Positive
- Influenza B Only Positive