



# Oklahoma State Department of Health Acute Disease Service Supplemental Worksheet for Influenza Testing

## Demographics (Please complete if barcode is not attached)

Patient: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY) Specimen ID number: \_\_\_\_\_

## Patient History

Yes  No Is the patient **hospitalized** due to influenza?  
If yes, name of hospital: \_\_\_\_\_

Yes  No If female, is the patient **pregnant**?

Yes  No Is the patient a **healthcare provider**\*?

*\*Defined as a worker who has direct contact in providing care to a patient in a health care setting, such as a clinic, hospital, nursing home, or dental clinic. Health care provider may include physicians, physician assistants, nurses, physical therapists, orderlies, respiratory and occupational therapists, x-ray technicians, and paramedics.*

Yes  No Is the patient an employee or resident of a **residential care facility**\*\*?

*\*\*Defined as a group home for persons with a medical condition that might place them at increased risk for acquiring severe influenza disease. Examples include nursing homes, independent and assisted living centers or group homes for persons with special needs or disabilities .*

If yes, name of facility: \_\_\_\_\_

Yes  No Previous **positive test for influenza**?

If yes, check all that apply:

- \_\_\_\_\_ Rapid Influenza test
- \_\_\_\_\_ Name of test: \_\_\_\_\_
- \_\_\_\_\_ Fluorescent antibody (Direct or Indirect FA)
- \_\_\_\_\_ Serology
- \_\_\_\_\_ Test method unknown

If yes, date of first positive influenza test: \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/YYYY)

**Laboratories are required to submit this supplemental worksheet for influenza testing. Specimens submitted without the supplemental form will not be tested, and reported as unsatisfactory.**

Submit this worksheet with the specimen for influenza testing and the OSDH Public Health Laboratory Requisition Form (OSDH 419) to 1000 NE 10<sup>th</sup> Street, Oklahoma City, OK 73117-1299.

For questions about reporting influenza-associated hospitalizations or deaths, call the Acute Disease Service at (405) 271-4060.

For questions about influenza testing, call the Public Health Laboratory at (405) 271-5070.

Please attach specimen barcode  
OR  
Provide patient name, date of birth,  
and specimen identification  
number in the demographics  
section above