

# Los Angeles County Department of Public Health – Public Health Laboratory Swine Influenza Specimen Submittal Form

## Specimen Collection and Submittal Instructions

Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. Personnel collecting clinical specimens should wear an N95 respirator, goggles, disposable gown, and disposable gloves.

### Respiratory Specimens:

- Each specimen should be labeled with: **date of collection, specimen type, and patient name.**
- At a minimum, collect a nasopharyngeal sample using a dacron-tipped swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Oropharyngeal (throat) swabs are acceptable, but may not have as high yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx. Place the swabs in a standard container with 2-3 ml of viral transport media (VTM). Only liquid based transport media is acceptable. Gel-based transport media are not acceptable.
- If the patient is hospitalized with pneumonia, specimens from the lower respiratory tract (e.g., tracheal aspirate, bronchoalveolar lavage) should also be obtained.

### Sera:

For cases or contacts of cases with confirmed swine influenza, collect as much blood as possible (recommended volumes 3- 10 cc from children and 10-20 cc from adults) in a serum separator tube (red top or tiger top). If possible, spin to separate sera before packaging.

### Specimen Storage and Shipment:

The specimens should be kept refrigerated at 4°C and sent on cold packs if they can be received by the laboratory within five days of the date collected. If samples cannot be received by the laboratory within five days, they should be frozen at -70 °C or below and shipped on dry ice. Specimens should be shipped per usual protocol to Los Angeles County public health laboratory:

12750 Erickson Avenue

Downey, California 90242-3456

For courier assistance please call (562) 658-1341 or (562) 658-1460

**---Please do not send specimens on a Friday or weekends unless special arrangements have been made with the laboratory---**

Patient's last name, first name				Patient's mailing address (including Zip code)				Route to: [ ] PCR [ ] ISOL [ ] FA	
Age	DOB:	Sex (circle): M    F	Onset Date:	COUNTY: _____					
Disease suspected or test requested - Check one:    [ ] <b>Influenza</b> [ ] <b>other rhespiratory virus</b>									
1 <sup>st</sup>	Specimen type and/or specimen source			Date Collected			1 <sup>st</sup>		
2 <sup>nd</sup>	Specimen type and/or specimen source			Date Collected			2 <sup>nd</sup>		
Type or print submitter's complete mailing address				Sue Sabet, Ph.D; Dipl.ABMM Los Angeles County Public Health Laboratory 2750 Erickson Avenue Downey, California 90242-3456 Phone (562) 658-1333    Fax (562) 401-5994					

### **Local Laboratory Results:**

Was this specimen tested by a rapid antigen test?    [ ] Yes    [ ] No    If yes, result: [ ] Pos    [ ] Neg  
 Was this specimen typed as Influenza A? [ ] Yes    [ ] No    If yes, was subtype identified? [ ] Yes    [ ] No  
**If this sample can not be subtyped, please alert LAC-PHL by sending an e-mail to [ssabet@ph.lacounty.gov](mailto:ssabet@ph.lacounty.gov)**

### **Epidemiologic and Clinical Information (Please attach clinic/hospital notes and laboratory data)**

Submitting Physician: \_\_\_\_\_ Phone# (\_\_\_\_\_) \_\_\_\_\_  
 Submitting Facility: \_\_\_\_\_ Fax# (\_\_\_\_\_) \_\_\_\_\_