Tennessee Department of Health

# Novel Influenza H1N1 PCR

**Instructions:** All submissions must complete sections A & B. For all suspect cases, include as much information as possible in sections C-E. Once completed, please submit with specimen to the Tennessee Department of Health, Division of Laboratory Services, 630 Hart Lane, Nashville TN 37216.

## A. Demographics

**Last Name:** ____________________ **First:** ____________________ **Middle:** ________________

**DOB:** ____/____/________ **Reported Age:** ________ □ Days □ Months □ Years **Sex:** □ Male □ Female

**Street Address:** ________________________________________________

**City:** ____________________ **County:** ____________________ **State:** ______________ **Zip:** ________

**Home Phone:** ____________________ **Work:** ____________________ **Cell:** ____________________

**Ethnicity:** □ Hispanic □ Not Hispanic

**Race:** □ American Indian / Alaskan □ Asian □ Black / African American □ Hawaiian / Pacific Islander □ White □ Other (_____________)

## B. Lab Report

**Submitting Facility:** ____________________ **Provider:** ____________________

**Street Address:** ________________________________________________

**City:** ____________________ **County:** ____________________ **State:** ______________ **Zip:** ________

**Phone Number:** ________________ **Fax Number:** ________________ **E-mail:** ____________________

| Specimen 1 | Specimen 2 |
|---|---|
| **Date Specimen Collected:** ____/____/_______ | **Date Specimen Collected:** ____/____/_______ |
| **Specimen Source:** ____________________ | **Specimen Source:** ____________________ |
| **State Lab Accession #:** (TDH use only) ________________ | **State Lab Accession #:** (TDH use only) ________________ |

□ **Check here if specimen is from a state-designated Sentinel Provider (ILINet), for surveillance only.**

## C. Medical History

**Date of Symptom Onset:** ____/____/_______ **Has the patient's symptoms resolved?** □ Yes □ No □ Unknown

**Signs and Symptoms:** (check all that apply)

□ Cough □ Sore Throat □ Fever >37.8°C (100°F) □ Feverish, but temp not taken □ Diarrhea □ Vomiting
□ Other ________________________________________________

**Was the patient hospitalized for this illness?:** □ Yes □ No □ Unknown
***If yes*, was the patient admitted to intensive care unit?** □ Yes □ No □ Unknown

**Did the patient die from this illness?:** □ Yes □ No □ Unknown ***If yes*, date of death:** ____/____/_______

## D. Epidemiologic Information

**Was the patient in an affected area in the 10 days prior to onset of illness?** □ Yes □ No □ Unknown

**1**

□ **Domestic** **City:** ________________ **State:** ________________
□ **International** **City:** ________________ **Country:** ________________
**Date of Arrival:** ____/____/_______ **Date of Departure:** ____/____/_______ □ **Resident**

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□ **Domestic** **City:** ________________ **State:** ________________
□ **International** **City:** ________________ **Country:** ________________
**Date of Arrival:** ____/____/_______ **Date of Departure:** ____/____/_______ □ **Resident**

**During illness, was patient in any of the following:** (check all that apply) □ Childcare facility □ Correctional facility □ Hospital □ Long-term care facility □ School

## E. Related Cases

**Number of household members (including case-patient):** ____________________

**Did the patient have close contact (within 2 meters [6 feet]) with a person (e.g., caring for, speaking with or touching) who is a confirmed swine influenza case?** □ Yes □ No □ Unknown


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