

Instruction for filling out Influenza Specimens Submission Form

WHO Collaborating Center for Surveillance, Epidemiology and Control of Influenza
Influenza Division, Centers for Disease Control and Prevention
Atlanta, GA U.S.A.

- 1) Specimen Laboratory number should be filled in with your lab's identifier number and/or text and should match the identifier on the labels of the specimen submitted. No patient names please. Example: 2008714W or A/Uruguay/7170/2008
- 2) Date of specimen collection = date specimen was collected from patient. Please express as mm/dd/yy.
- 3) Patient's age should be expressed in years. If the patient is less than 1 year old, please fill in "0" and put months of age into Remarks field or date of birth.
- 4) Geographic location of patient should be the location where the patient was when the specimen was collected, not his residence or the locale of the lab.
- 5) Extent of activity is:
Sporadic: Small numbers of laboratory-confirmed influenza cases or a single laboratory-confirmed influenza outbreak has been reported, but there is no increase in cases of ILI.
Local: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of the state.
Regional: Outbreaks of influenza or increases in ILI and recent laboratory confirmed influenza in at least 2 but less than half the regions of the state.
Widespread: Outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of the state.
- 6) Passage history should be the laboratory history of the specimen as submitted, for example, MDCK2 means that the specimen has been passed two times in Madin-Darby Canine Kidney cells including the initial inoculation. If the specimen was inoculated in another lab before being submitted to your lab, please include all passages. For example, MDCK1MDCK2 means that it was passaged once in one lab and twice in another lab.
If submitting original clinical specimen, please indicate the type of the specimen. For example, "NP" for nasal pharyngeal swab; "NW" for nasal wash; "TS" for throat swab; "NS" for nasal swab; "OR" for original of unknown origin; "TI" for tissue specimen, etc.
- 7) Type/Subtype refers to A, B, or C for type and subtype is H1, H3, etc. For example, a specimen might be submitted as A(H3) or A(H1N1) or B, etc.
- 8) Patient vaccinated should be answered "Yes" only if the patient received this year's vaccine.
- 9) Recent travel should be filled in if the patient has been out of the country in the past 10 days. Country/city of travel and dates would be extremely valuable.
- 10) Remarks and additional requests can be any additional information, such as if you are requesting that antiviral testing be done. Indicate date started and type of antiviral used if patient was on medication at the time of sample collection. Any additional information may be placed in the Remarks field.
- 11) Please only send up to 50 specimens on each file. If you have more than 50 specimens, please submit 2 files.

12) It would be valuable to know how the sample was tested, by IFA, HI, PCR, etc.

****It is extremely important that you not change the formatting of the columns in this template. We are implementing a system whereby we upload this data into our database and it will not load properly if columns have been moved or deleted, if changes are made to the column titles, etc. Please email a copy of the excel file to InfluenzaVirusSurveillance@cdc.gov and let us know the date of shipment and include tracking information.**

Please print out a hard copy of the specimen submission sheet after filling out all the information requested and put the hard copy into shipping box.

If you have any questions or problems, please contact us and we will be happy to advise you on the best way to handle any unusual circumstances.

Influenza /CDC shipping address:

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