

# Specimen Collection Form for Suspect Avian (H5N1) Influenza Cases

Community Epidemiology **MUST** be notified of this case prior to submission of specimens.  
 Monday through Friday, 8:00 AM to 5:00 PM, Call (619) 515-6620  
 Evenings and weekends, Call (858) 565-5255, ask for EPI Duty Officer

## Instructions for Sending Specimens

- Label each specimen with date of collection, specimen type, patient name and date of birth.
- Label each specimen as suspect avian influenza A (H5N1).
- For optimal results, collect a nasopharyngeal **and** a throat specimen from the patient and place each swab into a separate vial of viral transport medium (VTM). Break off sticks leaving swabs in the VTM. (VTM: either commercially available, Hepes buffered tryptose gelatin medium, or Hanks' balanced salt solution with gelatin.)
- VTM specimens should be transported on cold pack.
- To perform serological testing for influenza as well as a panel of other respiratory viruses, paired blood samples are required. Collect an acute phase blood specimen (5-10 ml whole clotted blood) on each patient, complete a Specimen Collection Form for Suspect Avian Influenza A (H5N1) Influenza, and schedule patient to return in 14-21 days for a convalescent phase blood specimen.

### SPECIMEN TYPE:

**Specimens of choice:**  
 Nasopharyngeal swab in Viral Transport Medium (VTM)  
 Oropharyngeal swab in VTM

**Alternate Specimen Types:**  
 Nasopharyngeal wash  
 Endotracheal aspirate (if intubated)  
 Pleural fluid  
 Tissue-fresh frozen samples of proximal and distal trachea, right and left primary bronchi, central hilar lung with segmental bronchi and representative pulmonary parenchyma

Nasopharyngeal aspirate  
 Bronchoalveolar lavage

**(NOTE-FOR AUTOPSY SPECIMENS, PLEASE ENCLOSE A COPY OF THE PRELIMINARY OR FINAL AUTOPSY REPORT)**

### **IMPORTANT: please complete the form below and submit with specimens**

Patient's last name, first name			County of residence:	Route to: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
Age or DOB:	Sex (circle): M    F	Onset Date:	Hospital/clinic laboratory where specimens collected:	
Disease suspected <u>or</u> test requested: <b>INFLUENZA</b>			<i>This section for Public Health Laboratory use only.                  Date received by SD PHL and Lab Accession Number</i>	
1 <sup>st</sup>	Specimen type and/or specimen source	Date Collected		
2 <sup>nd</sup>	Specimen type and/or specimen source	Date Collected		2 <sup>nd</sup>
3 <sup>rd</sup>	Specimen type and/or specimen source	Date Collected		3 <sup>rd</sup>
4 <sup>th</sup>	Specimen type and/or specimen source	Date Collected		4 <sup>th</sup>

- Send specimens to: **San Diego County Public Health Laboratory**  
 3851 Rosecrans Street  
 San Diego, CA 92110

**Questions related to specimens? Call Jill Giesick or Graciela Zuniga-Groot at the San Diego County Public Health Laboratory, (619) 692-8500.**