Tarrant County Public Health Department
North Texas Regional Laboratory
Bioterrorism Response/Emerging Agents Section

Influenza/SARS-CoV-2 Surveillance Specimen Submission Form Instructions

******* Results are for SURVEILLANCE purposes only and must not be used diagnostically *******

A prerequisite for specimen submission is that the patient's symptoms are consistent with influenza-like illness (ILI), including fever greater than 100°F (37.8°C) **and** cough **and/or** sore throat. Symptoms of respiratory viral infection due to SARS-CoV-2 and influenza can be similar.

1. There are multiple acceptable upper and lower respiratory specimen types for influenza testing utilizing real-time RT-PCR. For the purpose of influenza/SARS-CoV-2 surveillance, submit either a nasopharyngeal swab or a nasal swab specimen. Contact the laboratory in advance if a different respiratory specimen type needs to be submitted.
2. Indicate the specimen type on the submission form.
3. Swabs used for specimen collection should have a Dacron (polyester) tip with an aluminum or plastic shaft. Swabs that are cotton, have a wooden-shaft, or have calcium alginate are unacceptable and will be rejected.
4. After collection, transfer the swab to viral transport medium immediately. If necessary, please contact the TCPH Epidemiology Division at (817) 321-5350 to request viral transport medium.
5. Preferred transport media include viral transport media (VTM) or universal transport media (UTM). If VTM or UTM are not available, liquid Amies or saline may be used instead.
6. Ensure that the volume of collection/transport media is between 2-3 ml.
7. The specimen must be stored refrigerated (2-8°C). Specimens that will not be received by the North Texas Regional Laboratory (NTRL) within 72 hours (3 days) of collection must be stored frozen. Transport refrigerated specimens on ice packs. Frozen specimens must be transported frozen on ice packs or dry ice.
8. Please **complete all Patient, Facility/Clinic, and Specimen Information sections in their entirety.** Specimens will be rejected if Name, Date of Birth, Collection Date and Collection time are missing
9. All specimen containers MUST be labeled with the patient's first name, patient's last name, patient's date of birth, specimen collection date, and specimen collection time.
10. Please contact the TCPH Epidemiology Division promptly prior to submission of suspected avian influenza A/H5N1 or A/H7N9 specimens. Testing for avian influenza A/H5 or A/H7 should be considered on a case-by-case basis and should only be done if the patient meets the most current U.S. Department of Health and Human Services (DHHS) clinical and epidemiologic criteria for testing suspect A/H5 or A/H7 specimens. Current recommendations can be found on the CDC website: http://www.cdc.gov/flu/avianflu/.

All specimens received will be tested for the following respiratory viruses: SARS-COV-2, influenza A, and Influenza B using the CDC Flu SC2 Multiplex real-time RT-PCR assay. Any influenza A positive specimens with be tested further to determine the influenza A subtype (A/H1pdm09, A/H3, avian A/H5, and avian A/H7). Further, any influenza B positive specimens will be genotyped by to determine the influenza B lineage (Victoria or Yamagata). Subtyping and genoptyping are done using the CDC Human Influenza Virus Real-time RT-PCR Diagnostic Panel.

Please note that the CDC Flu SC2 Multiplex RT-PCR assay is performed under an FDA Emergency Use Authorization only. Also, please note that testing for avian A/H7 is performed under an FDA Emergency Use Authorization only. Further, this testing is done for the purpose of surveillance, and reports will not be released to the original submitter, and must not to be used for diagnostic purposes.

If you have any questions regarding the submission form or influenza testing, please contact the Tarrant County Public Health Department, North Texas Regional Laboratory, Bioterrorism Response/Emerging Agents Section at (817) 321-4774.

If you have any questions for the Tarrant County Public Health Epidemiology Division, please call (817) 321-5350.

	Tarrant County Public Health North Texas Regional Laboratory BREA Section 1101 S. Main, Fort Worth, TX 76104 Phone: 817-321-4774 CLIA #45D0659873	**This Section is for Lab Use Only / Do not write in this section. Use Additional Information section for supplemental comments.**		
FLUSC2 Form 001 Rev 9/30/2020		**Lab ID Label/ Barcode**	Date/Time Rec'd:	
			Condition at Receipt:	☐ Refrigerated ☐ Frozen ☐ Ambient
			Acceptance for Testing:	☐ Appropriate for Testing ☐ Rejected — Received By:

Influenza/SARS-CoV-2 Surveillance Specimen Submission/Result Form

******** Results on this report are for SURVEILLANCE purposes only and must not be used diagnostically ******** | **Date of Issue: 9/30/2020**

I. Patient Information — *NOTE: All Patient, Submitter, and Specimen Information Sections MUST be completed in their entirety.*

Patient's Name: (Last Name, First Name)		Submitter's Patient ID#:	
Patient's Street Address:			
City:		State:	Zip Code:
Patient's Telephone #:		County of Residence:	
Patient's DOB: (MM/DD/YYYY)	Patient's Age:	Patient's Gender:	☐ Male ☐ Female ☐ Other
Patient's Race:	☐ American Indian/ Native American ☐ Asian ☐ Black or African American ☐ White ☐ Native Hawaiian/ Pacific Islander ☐ Other		
Date of Illness Onset:		Patient's Ethnicity:	☐ Hispanic ☐ Non-Hispanic ☐ Unknown
Influenza Rapid Test Result:	☐ Influenza Negative ☐ Influenza A Positive ☐ Influenza B Positive ☐ Inlfuenza Positive, Undifferent. ☐ Not tested	Patient vaccinated for Influenza?	☐ Yes ☐ No ☐ Unknown
SARS-CoV-2 Test Results within Last 30 days:	☐ SARS-CoV-2 Negative ☐ SARS-CoV-2 Positive ☐ Not tested ☐ Unknown		

II. Facility/Clinic Information

Facility/Clinic Name:		Physician's Name:	
Facility/Clinic Street Address:		County:	
City:		State:	Zip Code:
Contact Name:		Contact Phone #:	

III. Specimen Information:

Collection Date: (MM/DD/YYYY)	
Collection Time:	
Storage/Transport Condition:	☐ Refrigerated ☐ Frozen

Specimen Type: Refer to submission instructions and use a separate form for each specimen.

VTM/UTM/Amies/Saline Specimen

☐ Nasopharyngeal (NP) Swab
☐ Nasal Swab

IV. Results — This Section is for Lab Use Only / Please do not write in this section.

Influenza A

☐ **Negative** for Influenza A

☐ **Positive** for Influenza A

Influenza A subtype

☐ Influenza A(H1)pdm09

☐ Influenza A(H3)

☐ Inf. A subtyping inconclusive

☐ Other: _____

Influenza B

☐ **Negative** for Influenza B

☐ **Positive** for Influenza B

☐ Inf. B genotyping pending. This is a preliminary report.

Influenza B genotype

☐ Influenza B Victoria

☐ Influenza B Yamagata

☐ Inf. B genotyping inconclusive

SARS-CoV-2

☐ **Negative** for COVID-19

☐ **Positive** for COVID-19

Unsatisfactory Specimen Please resubmit

☐ Invalid

☐ Specimen rejected *

* Reason for rejection: _____

Reported By:	
Date/Time Reported:	

NOTE: *The CDC Influenza SARS-CoV-2 (Flu SC2) Multiplex RT-PCR Assay is only for use under a Food and Drug Administration's Emergency Use Authorization. In the event of a positive result for SARS-CoV-2, epidemiologists will follow up as needed for public health purposes. If the results are positive for influenza A and/or influenza B, A subtyping and B genotyping, respectively, will be performed as reflex tests for surveillance purposes using the CDC Human Influenza Virus Real-time RT-PCR Diagnostic Panel.*