Novel H1N1 Influenza Requisition Form

Houston Department of Health and Human Services
Bureau of Laboratory Services
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Ph: (713) 558-3400

Houston Department of Health and Human Services

RICH WITH THE PUBLIC'S HEALTH BEAUMONT TEXAS

ALL OF THE INFORMATION ON THIS FORM IS REQUIRED:

Collection Date: _____ Submitter Address:_____

Time: _____ _____

Source:_____

Submitter:_____ Submitter Phone Number:_____

Account#:_____ Submitter Fax Number:_____

HDHHS INFLUENZA SENTINEL PROVIDER: ☐ No ☐ Yes

PRIORITY STATUS:

Hospitalized (48+ hours): ☐ No ☐ Yes Outbreak/Critical Public Health Investigation: ☐ No ☐ Yes

Pregnant: ☐ No ☐ Yes Outbreak/Critical Public Health Investigation Determined by:

Deceased: ☐ No ☐ Yes _____Health Department

PATIENT INFORMATION:

Name: _____ _____ _____
Last First MI

Address: _____ _____
Street City

_____ _____ _____ Phone (_____)_____
County State Zip Code

Medical Record #: _____

DOB: ____/____/_____ Age: _____ Sex: _____

Race: _____ W=White; B=Black/African American; N=American Indian/Alaska Native; P=Native Hawaiian/Pacific Islander; A=Asian; O=Other; U=Unknown

Ethnicity: _____ H=Hispanic or Latino; N=not Hispanic or Latino; U=Unknown

CLINICAL DATA:

Onset date: _____/_____/_____ Symptoms (Check all that apply):

Duration of illness: _____ days ☐ Cough ☐ Sore throat ☐ Rhinorrhea ☐ Fever _____° F

☐ Headache ☐ Muscle aches ☐ Diarrhea ☐ Vomiting

LAB DATA:

Laboratory test(s) results (Check all that apply):

Rapid Flu Test: ☐ Pos A ☐ Pos B ☐ Pos Undifferentiated ☐ Negative ☐ Rapid Flu Test Not Performed

Date Rapid Test Performed: _____ Name of Rapid Test Kit: _____

EPI DATA:

Close contact to a confirmed case of swine influenza A (H1N1) virus infection while the case was ill? ☐ No ☐ Yes

Is the patient a resident of a long-term care facility? ☐ No ☐ Yes - Name of facility: _____

Is the patient a student? ☐ No ☐ Yes - Name of school: _____

COMMENTS:

FAX A COPY TO Beaumont Public Health Department 409-835-2545

Revised: August 25, 2009