



# Napa-Solano County Public Health Laboratory

## S-OtrH3N2 Specimen Submittal Form

Specimens should be collected within the first 24-72 hours of onset of symptoms and no later than 5 days after onset of symptoms. Personnel collecting clinical specimens should wear an N95 respirator, goggles, disposable gown, and disposable gloves.

### Respiratory Specimens:

- Each specimen should be labeled with: **date of collection, specimen type, and patient name.**
- At a minimum, collect a nasopharyngeal swab (nasopharyngeal wash or nasopharyngeal aspirate are also acceptable). Oropharyngeal (throat) swabs are acceptable, but may not have as high yield. If oropharyngeal specimens are collected, they should be accompanied by a specimen from the nasopharynx. Place the swabs in a standard container with 2-3 ml of viral transport media VTM.
- Use Dacron-tipped swabs only. Cotton or calcium alginate swabs are **not** acceptable for PCR testing.

### Specimen Storage and Shipment:

- The specimens should be kept refrigerated at 4°C and sent on cold packs to:  
 Napa County Public Health Division  
 2344 Old Sonoma Rd.  
 Bldg. G Napa, Ca 94559  
 (707) 253-4270  
 Monday - Friday 8:00 am - 12:00pm & 1:00pm - 5:00pm

**\*\*\*Please do not send specimens on a Friday or weekends unless special arrangements have been made with the laboratory\*\*\***

Patient's last name, first name:				Patient's address including Zip code & county:	
Age:	DOB:	Sex: (circle) M    F	Onset Date:	Patient's Tel. #:	
Disease suspected <u>or</u> test requested – <u>Check one</u> : <input type="checkbox"/> Influenza <input type="checkbox"/> Other respiratory virus					
Specimen type and/or specimen source:		Date Collected:		<b>Part of a cluster of cases as determined by Napa Public Health?</b> Yes ___ No ___                      Unknown ___	
Type or print submitters complete mailing address:				Lynn Murrin, Laboratory Director Napa-Solano County Public Health Laboratory 2201 Courage Dr Fairfield, CA 94533 Phone (707) 784-4410                      Fax (707) 423-1979	

### Submitting Laboratory Results:

Was this specimen tested by a rapid antigen test?     Yes     No                      If yes, result:  Pos     Neg

### **Epidemiologic and Clinical Information                      Please attach hospital notes and laboratory data**

Only the following groups meet the criteria for testing:

( ) Yes    ( ) No    Hospitalized

( ) Yes    ( ) No    Fatal case

( ) Yes    ( ) No    Public Health consulted & approved for testing. Reason: \_\_\_\_\_

Submitting Physician: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Submitting Facility: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_