

Form 2. Avian influenza laboratory request

Unique identifier (assigned by public health)

Patient details

| | |
|--|------------------------------|
| Name | Date of birth (DD/MM/YY) / / |
| Surname | Age years months |
| Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | |

General Practitioner details

| |
|-----------------------------------|
| Name of general practitioner (GP) |
| GP address (regular) |
| Postcode |
| GP telephone |

Clinical history

| | | | |
|--|------------------------------|-----------------------------|----------------------------------|
| Date of onset of symptoms (DD/MM/YY) / / | | | |
| Fever $\geq 38^{\circ}\text{C}$ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Cough | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Shortness of breath | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Sore throat | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Myalgia | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Headache | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Diarrhoea | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Unknown <input type="checkbox"/> |
| Other (specify) | | | |

Microbiology and virology

| Sample number | Type of specimen ^a | Test requested ^b | Date of collection | Time of collection | Date received in laboratory | Time received in laboratory | Condition when received ^c |
|---------------|-------------------------------|-----------------------------|--------------------|--------------------|-----------------------------|-----------------------------|--------------------------------------|
| | | | / / | : | / / | : | |
| | | | / / | : | / / | : | |
| | | | / / | : | / / | : | |
| | | | / / | : | / / | : | |
| | | | / / | : | / / | : | |

^a **Types of Specimen include**

- Nasopharyngeal swab
- Tracheal or bronchial aspirates
- Bronchi alveolar lavage samples
- Eye swabs
- Blood cultures
- Serum initial / convalescent
- Other (specify)

^b **Test Requested include**

- PCR
- Culture
- Immunofluorescence or ELISA
- Microneutralization
- Other (specify)

^c **Condition when received include**

- Good / Bad