



MRI No

FILL ALL FIELDS CLEARLY

Mode of Transport: **In Viral transport medium, in ice** within 48 hours. **DO NOT FREEZE.**

Name..... Age:
 Institution (No Abbreviation)..... Sex: M / F
 Address:..... Ward / ICU:
 Occupation exposure to poultry Y N BHT No:

Date of collection of sample:/...../ 201.....
 Sample Type (underline) : Nasopharyngeal and Oropharyngeal swab/ NPA/ Tracheal aspirate/ BAL (PTO)
 Country/ies visited (if applicable)..... Date of Arrival (Sri Lanka) /..... /.....
 Exposure to influenza : Y N Vaccination history : Y N if YES date
 if YES date

Co-morbid conditions (underline): DM/ Asthma/ COPD/ Ischeamic HD / Hypertension/ Neurological

Clinical History (**Mandatory**): Duration of the illness: days

	<i>circle</i>	
	Yes	No
Temperature > 38°C		
Cough & Cold		
Sore Throat		
Difficulty in Breathing / Shortness of Breath		
Pregnancy (PoA)		
Antiviral (oseltamivir) Treatment started		

If **YES** date started.../...../2015.....
Dose mg

Lung signs (underline) : crepitations/ rhonchi /

Complications .: Intubated / O2 dependant
 Pneumonia Y N Others

Investigations: WBC.....
 Diff counts % N..... L..... CRP.....
 Other.....

Chest X-ray (underline): inflammatory changes/ Consolidation / effusion
 others

Contact Telephone Number & name of Clinician/ HO/ ICNO :
 Signature of the Clinician

**Note: the request may be rejected if this form is not filled properly and the specimen is not transferred properly.
 It will take 24-48 hours to obtain the result after specimen reached the lab**

FOR LABORATORY USE ONLY.	
Date of Receipt of sample:	IN ICE Yes / No
Condition of the sample : Leaking / not labeled /.....	
Result :	Influ. A/ H ₁ /H ₃ /untvpe Infl. B