



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 / O<sub>2</sub> 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 <sub>1</sub> /H <sub>3</sub> /untvpe      Infl. B