



Houston Department of Health and Human Services

# Novel H1N1 Influenza Requisition Form

Houston Department of Health and Human Services

Bureau of Laboratory Services

1115 South Braeswood Dr

Houston, TX 77030

Ph: (713) 558-3400

**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  
                                County                          State                          Zip Code                          Phone (\_\_\_\_) \_\_\_\_\_  
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:**