South Dakota Public Health Laboratory
615 E. Fourth Street
Pierre, SD 57501
Phone: 605-773-3368 | Fax: 605-773-8201
doh.sd.gov/Lab

LAB USE ONLY

INFLUENZA SAMPLE SUBMISSION FORM

Form used for sample submission for influenza testing only.

DO NOT USE **This form for sample submission for other testing.**

IMPORTANT: ALL FIELDS ARE REQUIRED INFORMATION. WRITE NA IF NOT APPLICABLE.

Submitting Facility ____________________

Address ____________________

City/State/Zip ____________________

Phone ____________________

Physician/Clinician Name ____________________

SPECIMEN DATA

Date Specimen Collected	Specimen Source NP Aspirate NP Swab Nasal Swab Other__________

PATIENT INFORMATION

Patient Name (Last)	(First)	(MI)

Date of Birth	Race/Ethnicity	Sex	Medicaid/Medicare number

Address	City	State	Zip Code

REQUIRED INFORMATION

	YES	NO
Hospitalized		
Outpatient		
Nursing Home Resident		
High Risk Medical Condition		________________ List Condition

Other____________________

Date of Onset:

Test results:	Test used
A positive	Alere i
B positive	Biofire
Influenza Negative	Cepheid
COVID-19 Positive	Sofia
COVID-19 Negative	Other__________
Other__________	

Symptoms

Cough shortness of breath Pneumonia ARDS Fever, highest:__________ Chills

Shaking with chills Muscle Pain Headache Sore Throat New loss of taste or smell