

**INFLUENZA ISOLATE SPECIMEN FORM for severe influenza in children (< 18 years old)  
2003-2004-2005 influenza season**

<i>This form must accompany specimen submissions to the OSPHL</i>		
Lab Name _____		Isolate Laboratory Number _____
Lab Address _____ _____		Date of Specimen Collection ____-____-____ (MM-DD-YYYY)
Lab Phone: _____		Influenza Type: <input type="checkbox"/> Type A _____ <input type="checkbox"/> Type B _____ <input type="checkbox"/> Unknown
Patient's Age:		Extent of Influenza Activity: <input type="checkbox"/> Sporadic <input type="checkbox"/> Localized Outbreak <input type="checkbox"/> Outbreak <input type="checkbox"/> Unknown
Patient's Location (city, county, state):	Passage History:	
<b>Name of Person completing this form:</b>		
Reporter Last Name: _____	Reporter First Name: _____	Laboratory: _____
Phone: _____	E-mail: _____	Date Submitted: ____-____-____ MM-DD-YYYY
Oregon Health Services, ACDP, Emerging Infections Program Phone 503/731-4024 Fax 503/731-4798		