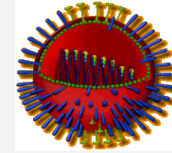




**- PPHSN -  
Influenza Surveillance  
Network  
Transmission form for influenza testing**



**Clinician/Health Worker :**

Name: .....  
Signature: ..... Date: .....  
Clinic/Hospital Site: .....

**Patient Id :**

Last Name: .....  
First Name: .....  
D.O.B.: ...../...../..... (d/m/y) Sex : F  M   
Current Address : .....

**Epidemiological Context :**

Sporadic case: Yes  No  Familial outbreak: Yes  No  Community outbreak: Yes  No   
Other (specify): .....  
Vaccinated against Flu  Date: ...../...../.....(d/m/y) Not Vaccinated   
Recent travel: Yes  Specify (where – when): .....  
No

**Clinical features :**

First day of illness with ILI: ...../...../.....(d/m/y)

<b><u>Influenza-Like Illness (ILI) Case Definition:</u></b>	
<b>Sudden onset of fever &gt;38°C</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Cough</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Sore throat</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Myalgia</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Frequently associated symptoms: headache, tiredness, runny nose</b> (circle all symptoms observed)	

Other symptoms (specify): .....

**Biological samples collected (or prescribed):**

Sample date : ...../...../..... (d/m/y)  
Sample Collected: NasoPharyngeal Swab  NasoPharyngeal aspirate   
Other (specify): .....

**To be completed by the laboratory and then transmitted to local MoH/DoH**

**Lab investigation:** IFA direct examination  Other test.....

**Lab conclusion (circle result):** NEGATIVE FLU A FLU B RSV INADEQUATE SPECIMEN

**Referred Specimen (circle one):** Ethanol Preserved Frozen

Name of Reference Lab:.....Date Shipped:.....

**Signature and Date:** .....

**Reference Lab Conclusion (circle result):** NEGATIVE FLU A FLU B