

**TARRANT (Viral Watch) Virology Test Requisition Form for 2009-10**  
**Provincial Laboratory for Public Health (Microbiology)**

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**STUDY # = 163**

Return report to:

cc: TARRANT  
1635, 1632-14<sup>th</sup> Ave NW Calgary, AB T2N 1M7

Patient Information:

PHN: \_\_\_\_\_

Name: Family \_\_\_\_\_ Personal \_\_\_\_\_

Sex:  M  F

Date of Birth : \_\_\_\_\_ (DD/MM/YY)

Address (incl postal code): \_\_\_\_\_  
\_\_\_\_\_

Specimen Information

Date Collected: \_\_\_\_\_  
DD/MM/YY

Type:  Nasopharyngeal (Preferred)  
 Nasal (Acceptable if NP not tolerated)  
 Throat  
 Other \_\_\_\_\_

Patient of Aboriginal Heritage?  Y  N

***Swab if symptom onset is within 7 days and the patient meets the ILI case definition:***

***Respiratory illness with acute onset and...***  
(Please check all that apply)

<b>BOTH:</b>	<b>AND ONE OR MORE of:</b>
<input type="checkbox"/> Fever	<input type="checkbox"/> Sore throat
<input type="checkbox"/> Cough	<input type="checkbox"/> Arthralgia
	<input type="checkbox"/> Myalgia
	<input type="checkbox"/> Prostration

1. Does patient meet the ILI case definition (above)?  Yes  No **If No, Stop here.**

2. Was patient's verbal consent obtained?  Yes  No **If No, Stop here.**

3. Date of first ILI symptom onset: \_\_\_\_\_  
DD/MM/YY

4. 2009-10 pH1N1 (Swine Flu) vaccine:

a. How many doses of 2009-10 pH1N1 (swine flu) vaccine has patient received?  0  1  2

b. Was last dose of pH1N1 vaccine given  $\geq 2$  weeks before ILI onset?  Yes  No  N/A or unknown

c. Month/Year of last dose of 2009-10 pH1N1 (swine flu) vaccine: \_\_\_\_\_ MM/YY

d. Was the 2009-10 pH1N1 vaccine received:  Adjuvanted or  Non-adjuvanted or  N/A or  unknown

5. 2009-10 regular seasonal trivalent influenza vaccine (TIV):

a. How many doses of regular 2009-10 TIV has patient received this season?  0  1  2

b. Was the regular 2009-10 TIV given  $\geq 2$  weeks before ILI onset?  Yes  No  N/A or unknown

c. Month/Year of last dose of regular 2009-10 TIV: \_\_\_\_\_  
MM/YY

6. Did patient receive seasonal influenza vaccine in 2008/09?  Yes  No  Unknown

7. Did patient receive seasonal influenza vaccine in 2007/08?  Yes  No  Unknown  N/A

8. Does patient have a vaccine eligible condition<sup>†</sup>?  Yes  No  Unknown

(<sup>†</sup> Includes heart/lung/renal/metabolic/blood/immune conditions that increase risk of severe disease, or other conditions that compromise the management of respiratory secretions and increases risk of aspiration.)