As the clinician providing care to this patient, I request that this test be performed without charge to this patient because of the imminent and significant public health threat posed by the differential diagnosis.

Information in the highlighted areas is REQUIRED for Influenza A testing. Check appropriate boxes if the patient is hospitalized (admitted), if you are confirming a rapid positive test, and indicate all signs and symptoms that apply.

It is highly recommended that you contact the State Hygienic Lab to obtain a customized form specific to your facility.

For collection instructions please go to http://www.shl.uiowa.edu/testmenu/clinicaltestmenu.html