

Courier Company: \_\_\_\_\_

Waybill Number: \_\_\_\_\_

**Influenza-Like Illness (ILI) Outbreak  
Laboratory Form**

Instructions:

1. **Before shipping**, send this **completed form** to the BCCDC by Fax **(604) 707-2605**
2. **Enclose this completed form** AND completed requisition(s) with the specimen(s) and ship to BCCDC. A **maximum of 6 specimens** are accepted **per outbreak** (avoid submissions over multiple days).
3. Inform your MHO of the outbreak.
4. Test results will be telephoned to the Outbreak Contact, designated below.

Submit specimens to:

BCCDC: Public Health Laboratory  
Virology Laboratory  
655 WEST 12<sup>th</sup> AVENUE      Tel: 604-707-2623  
VANCOUVER, BC V5Z 4R4      Fax : 604-707-2605

**Location of Outbreak**

**Facility Name and Address:**

*(Please do not use abbreviations)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contact number for results reporting**

Telephone (Regular): \_\_\_\_\_

Telephone (After hours): \_\_\_\_\_

**NOTE:** It is important to provide a number that is either answered (regular and after hours) or has voicemail capability as results reporting may take place between 4:30 pm to 6:00 pm. The laboratory will not keep calling if there is no answer. Only results for influenza A/B/RSV will be provided.

Patient Name	PHN or DOB	Swab Site	BCCDC CID Number	Flu A/B/RSV NAT*		Notes

LAB USE ONLY

\*Testing for additional respiratory pathogens will occur on a subset of specimens if the initial influenza A/B, RSV screen is negative.

**For BCCDC Lab use only:**

Test results phoned to: \_\_\_\_\_

Time and date of call: \_\_\_\_\_

Name of caller: \_\_\_\_\_

Specimens will be processed for influenza and respiratory syncytial virus by nucleic acid testing first. A subset of specimens will be tested for other respiratory viruses by the Respiratory Virus Panel Luminex assay if initial influenza A/B and respiratory syncytial virus are negative. Nasal and nasopharyngeal swabs are preferred but nasopharyngeal washes, suction and other lower respiratory tract specimens are acceptable as well.

**Collection Kits:**

Nasal/Nasopharyngeal swabs must be collected using a designated **ILI Specimen Collection Kit**. These kits (six swabs containing transport medium, biohazard bags and the Influenza-like Illness (ILI) Outbreak Laboratory Form) are provided by the BCCDC.

**To order collection kits:**

Use a BCCDC [order form](#) or a written request on your letterhead showing your **shipping address** and the **number of kits required**, fax to **(604) 707-2606** or email to [kitorders@hssbc.ca](mailto:kitorders@hssbc.ca).

**Indications for Testing:**

Collect specimens from patients presenting with Influenza-like illness within 72 hours of onset of symptoms. Specimens from severely ill patients and children are acceptable after 72 hours of symptom onset.

**Specimen collection:**

- a) For personal protection, it is recommended that gloves and a facemask be worn while collection specimen.
- b) Patients with copious discharge should be requested to gently clean their nose by washing or with tissue.
- c) Incline the patient's head as required and insert the cotton swab along the base of the nasal cavity to a depth of 2-4 cm into the nostril. Swab around the inside of the nostril and along the nasal septum by rotating the swab between fingers
- d) Place the swab into the accompanying vial of transport media and tighten the lid securely.
- e) **Label** the container with the patient's **full name** and **date of birth**.

*It is essential that the nasal passage be swabbed sufficiently firmly to collect infected cells rich in virus. Nasopharyngeal swabs inserted along the base of the nasal cavity (6cm or deeper) are excellent but may be more traumatic to the patient. Mucous discharge and throat swabs contain less virus and are discouraged.*

**Completing accompanying documentation:**

**One BCCDC Virology requisition** must be completed for **each specimen**.

**Only One Influenza-like Illness (ILI) Outbreak Laboratory Form** is required for **each outbreak** (max. Six specimens on 1<sup>st</sup> sampling).

**Please included PHN and Date of birth on requisition**

In completing the requisition:

Under **Test(s) Requested**, select appropriate sample type and if any POC testing performed

Under **ORDERING PHYSICIAN**, enter the full name and address of the physician/facility to whom the final report will be sent.

Under **ADDITIONAL COPIES TO**, if desired, enter the name, address and MSC number of another Health Unit or physician.

*Submission of a completed Influenza-like Illness (ILI) Outbreak Laboratory Form with the specimens ensures that processing and reporting of findings reported is given highest priority.*

**Transportation of specimens:**

Assemble outbreak specimens and follow Transport of Dangerous Goods regulations; include an ice pack if feasible.

Send by routine same day or overnight delivery or if not available, by courier.

Outside the Lower Mainland: DHL, 1-800-CALL-DHL (1-800-225-5345); bill to Acct. M45579.

Lower Mainland: Tforce, bill to Acct.23270. 1-800-387-7787 – Monday to Friday Between 06:00 and 18:00 (except Stat Holidays)

1-416-894-3622 – Between 18:01 and 05:59 on all weekends and Stat Holidays

**Reporting:**

Specimens received before 12:00h, Mon. to Fri.: results for influenza will be available by 20:00h the same day.

Specimens received after 12:00h Mon. to Thurs. will be tested the following day. Specimens received after 12:00h Fri. or on Saturday will be tested on Sunday. Specimens received on a statutory holiday will be tested on the following work day as outlined above.

**For inquiries:** Please call **Results Line at (877)-747-2522 from 8:30am to 4:30pm Monday to Friday**.