

**PATIENT:**

Gender:	Age:	DOB:	ID:
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**ORDERING PHYSICIAN:**

Name:
Phone:

**SPECIMEN:**

Source:	Collected:
Specimen ID:	Received:
Accession ID:	Reported:

**CLIENT:**

Name:
Code:
Address:

**Influenza Panel:**

Influenza A - Human influenza  
 Influenza A - H1N1-09  
 Influenza B  
 Parainfluenza virus types 1, 2, 3, 4

**DETECTED**
**NOT DETECTED**
**COMMENTS:**