

**Appendix 3a: Request for novel influenza virus testing**  
(Please complete this form to accompany the laboratory request form)

Test requested by: \_\_\_\_\_ Dr. \_\_\_\_\_

Contact information of doctor (telephone/mobile/pager number): \_\_\_\_\_

Patient's name: \_\_\_\_\_ Patient ID No: \_\_\_\_\_

Clinical features (please circle and complete as appropriate):

Date of onset of illness \_\_\_\_\_

Fever \_\_\_\_\_ No/Yes - Temperature: \_\_\_\_\_ °C

Respiratory symptoms:

Cough \_\_\_\_\_ No/Yes

Sore throat \_\_\_\_\_ No/Yes

Shortness of breath \_\_\_\_\_ No/Yes

Difficulty in breathing \_\_\_\_\_ No/Yes

Other significant symptoms: \_\_\_\_\_

Response to antibiotic treatment \_\_\_\_\_ No/Yes  
(Please specify antibiotics used) \_\_\_\_\_

Exposure to infected poultry/human \_\_\_\_\_ No/Yes \_\_\_\_\_ Dates: \_\_\_\_\_

Contact with poultry or wild birds or their remains or contact with an environment contaminated by  
their faeces: \_\_\_\_\_ No/Yes \_\_\_\_\_ Place: \_\_\_\_\_ Dates: \_\_\_\_\_

Consumed raw or undercooked poultry products: \_\_\_\_\_ No/Yes

Relevant travel history with dates \_\_\_\_\_

Occupation \_\_\_\_\_

Investigation findings (please circle and complete as appropriate):

Chest x-ray: Normal / Abnormal \_\_\_\_\_ Please specify changes: \_\_\_\_\_

WBC count: \_\_\_\_\_ Lymphocyte count: \_\_\_\_\_ Platelet count: \_\_\_\_\_

Rapid test for influenza A virus: \_\_\_\_\_ Negative/Positive

Other relevant information:

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