

## Form 7. Avian influenza laboratory results

| Unique identifier (assigned by public health)                        |                                  |                    |                          |                          |                          |        |
|--|----------------------------------|--------------------|--------------------------|--------------------------|--------------------------|--------|
| Patient details  |                                  |                    |                          |                          |                          |        |
| Name   | Date of birth (DD/MM/YY) / /     |                    |                          |                          |                          |        |
| Surname  | Age                              | years              | months                   |                          |                          |        |
| Gender Male <input type="checkbox"/> Female <input type="checkbox"/> |                                  |                    |                          |                          |                          |        |
| General practitioner details   |                                  |                    |                          |                          |                          |        |
| Name of general practitioner (GP)                                    |                                  |                    |                          |                          |                          |        |
| GP address (regular)   |                                  |                    |                          |                          |                          |        |
| Postcode   |                                  |                    |                          |                          |                          |        |
| GP telephone   |                                  |                    |                          |                          |                          |        |
| Microbiology results   |                                  |                    |                          |                          |                          |        |
| Sample number  | Type of specimen                 | Date of collection | Yes                      | No                       | Unknown                  | Result |
|  | Blood culture                    | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Sputum                           | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Serology for atypical pneumonia  | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Urinary antigen for Legionella   | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Urinary antigen for Pneumococcal | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  |                                  | / /                |                          |                          |                          |        |
|  |                                  | / /                |                          |                          |                          |        |
| Virology results   |                                  |                    |                          |                          |                          |        |
| Sample number  | Type of specimen                 | Date of collection | Yes                      | No                       | Unknown                  | Result |
|  | Nasopharyngeal aspirate          | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Viral throat swab                | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Serum                            | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  | Oral washings                    | / /                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |        |
|  |                                  | / /                |                          |                          |                          |        |
|  |                                  | / /                |                          |                          |                          |        |

| Laboratory confirmation of avian influenza details (1) |                               |                           |                                |   |   |   |
|--|-------------------------------|---------------------------|--------------------------------|---|---|---|
|  | Yes                           | No                        | Unknown                        | Not done  |   |   |
| Laboratory confirmation of avian influenza?            | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>                          |   |   |
| If yes,  |                               |                           |                                |   |   |   |
| Subtype?   |                               |                           |                                |   |   |   |
| Form of laboratory confirmation                        | Yes                           | No                        | Unknown                        | Not done  |   |   |
| PCR test   | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>                          |   |   |
| Isolation of organism from clinical specimen           | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>                          |   |   |
| Haemagglutination inhibition test (HAI)                | <input type="checkbox"/>      | <input type="checkbox"/>  | <input type="checkbox"/>       | <input type="checkbox"/>                          |   |   |
| Other positive test (specify)                          |                               |                           |                                |   |   |   |
| Laboratory confirmation of avian influenza details (2) |                               |                           |                                |   |   |   |
| Sample number  | Type of specimen <sup>a</sup> | Type of Test <sup>b</sup> | Date of collection<br>DD/MM/YY | A<br>+ve -ve                                      | A/H5<br>+ve -ve                                   | A/N1<br>+ve -ve                                   |
|  |                               |                           | / /                            | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|  |                               |                           | / /                            | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|  |                               |                           | / /                            | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|  |                               |                           | / /                            | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
|  |                               |                           | / /                            | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

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<sup>a</sup> **Types of Specimen include**  
 Nasopharyngeal swab  
 Tracheal or bronchial aspirates  
 Bronchi alveolar lavage samples  
 Eye swabs  
 Blood cultures  
 Serum initial / convalescent  
 Other (specify)

<sup>b</sup> **Types of Test include**  
 Culture  
 PCR  
 Immunofluorescence or ELISA  
 Other (specify)