

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED

Test order name:

Test order code:

Suspected Agent:

Date sent to CDC: MM/DD/YYYY

At CDC, bring to the attention of:

PATIENT INFORMATION

Patient Name:

Last First MI Suffix

Birth date: MM/DD/YYYY Case ID:

Sex: Age: Age Units:

Race: White Black or African American Asian American Indian and Alaska Native
 Native Hawaiian and Other Pacific Islander

Clinical Diagnosis:

Date of onset: MM/DD/YYYY Pregnancy Status:

Fatal: Date of Death: MM/DD/YYYY

SPECIMEN INFORMATION

Specimen collected date: Time:

MM/DD/YYYY hh:mm:ss

Material Submitted:

Specimen source (type):

Specimen source modifier:

Specimen source site:

Specimen source site modifier:

Collection method:

Treatment of specimen:

Transport medium/Specimen preservative:

Specimen handling:

CDC USE ONLY

Package ID#:

Delivered to Unit #:

Opened By:

Unit Specimen ID#:

Date received at CDC: / /

Date received at STAT: / /

Date received in testing lab: / / Time:



Condition	STAT Laboratory	Testing Laboratory
Outer Package		
Specimen Container		
Specimen		

Barcode 1

STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS

Name: (Laboratory Director or designee)

Prefix Last First MI Suffix Degree

Institution name:

Street address:

Line 1

Line 2

City: ZIP Postal Code:

State: Country:

Fax:

Country Code Area Code Local Number (e.g. 6390000) Institutional e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)

Prefix Last First MI Suffix Degree

Phone:

Country Code Area Code Local Number (e.g. 6390000) POC e-mail

Patient ID: Alternative Patient ID:

Specimen ID: Alternative Specimen ID:

ORIGINAL SUBMITTER (Organization that originally submitted specimen for testing)

Name: (Laboratory Director or designee)

Prefix Last First MI Suffix Degree

Institution name:

Street address:

Line 1

Line 2

City: ZIP Postal Code:

State: Country:

Fax:

Country Code Area Code Local Number (e.g. 6390000) Institutional e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)

Prefix Last First MI Suffix Degree

Phone:

Country Code Area Code Local Number (e.g. 6390000) POC e-mail

Patient ID: Alternative Patient ID:

Specimen ID: Alternative Specimen ID:

INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPHL through an intermediate agency)

Name: (Laboratory Director or designee)

Prefix Last First MI Suffix Degree

Institution name:

Street address:

Line 1

Line 2

City: ZIP Postal Code:

State: Country:

Fax:

Country Code Area Code Local Number (e.g. 6390000) Institutional e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)

Prefix Last First MI Suffix Degree

Phone:

Country Code Area Code Local Number (e.g. 6390000) POC e-mail

Patient ID: Alternative Patient ID:

Specimen ID: Alternative Specimen ID:

Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1309.

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

Patient Name:

Last

First

AND/OR Original Patient ID:

AND/OR SPHL Specimen ID:

PATIENT HISTORY

BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)

STATE OF ILLNESS

- Symptomatic
- Asymptomatic
- Acute
- Chronic
- Convalescent
- Recovered

TYPE OF INFECTION

- | | |
|--|---|
| <input type="checkbox"/> Upper respiratory | <input type="checkbox"/> Sepsis |
| <input type="checkbox"/> Lower respiratory | <input type="checkbox"/> Central nervous system |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Skin/soft tissue |
| <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> Ocular |
| <input type="checkbox"/> Genital | <input type="checkbox"/> Joint/bone |
| <input type="checkbox"/> Urinary tract | <input type="checkbox"/> Disseminated |
| <input type="checkbox"/> Other, specify | <input style="width: 100px;" type="text"/> |

THERAPEUTIC AGENT(S) DURING ILLNESS

Agent	Start Date	End Date
1. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
2. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
3. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<small>MM/DD/YYYY</small>	<small>MM/DD/YYYY</small>

EPIDEMIOLOGICAL DATA

EXTENT

- Isolated Case
- Carrier
- Contact
- Outbreak
 - Family
 - Community
 - Healthcare-associated
 - Epidemic

TRAVEL HISTORY

Travel: **Dates of Travel:** to

MM/DD/YYYY

MM/DD/YYYY

Travel: Foreign (Countries)

Travel: United States (States)

<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>

Foreign Residence (Country)

United States Residence (State)

<input style="width: 150px;" type="text"/>	<input style="width: 150px;" type="text"/>
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Note: Additional states or countries of residence or travel should be entered in the Brief Clinical Summary field.

EXPOSURE HISTORY

Exposure:

Date of Exposure:

MM/DD/YYYY

- Animal** Type of Exposure:

Common name:

Scientific name:
- Arthropod** Type of Exposure:

Common name:

Scientific name:

RELEVANT IMMUNIZATION HISTORY

Immunization(s)	Date Received
1. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>
2. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>
3. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>
4. <input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>
	<small>MM/DD/YYYY</small>

PREVIOUS LABORATORY RESULTS (Or attach copy of test results or worksheet)

COMMENTS

CDC USE ONLY

Barcode 2

Barcode 3

The Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.

Please refer to the CDC Infectious Diseases Laboratories Test Directory for information on specimen requirements. CDC must maintain and document specific acceptance criteria to perform laboratory tests on samples obtained from humans pursuant to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) and accompanying regulations. 42 U.S.C. § 263a; 42 C.F.R. § 493.1241.

Samples transferred to the CDC for testing or any other purpose will become the legal property of the agency unless otherwise agreed upon in writing. Samples will not be returned to the submitting entity.