

HUMAN

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED

Test order name:

Test order code:

Suspected agent:

Date sent to CDC:

At CDC, bring to the attention of:

PATIENT INFORMATION

Patient Name:

Birthdate: Age: Age units:

Sex:

Clinical diagnosis:

Date of onset:

Fatal: Date of death:

SPECIMEN INFORMATION

Specimen collected date: Time:

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#:

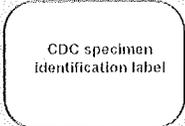
Delivered to Unit #:

Unit Specimen ID#:

Date received at CDC:

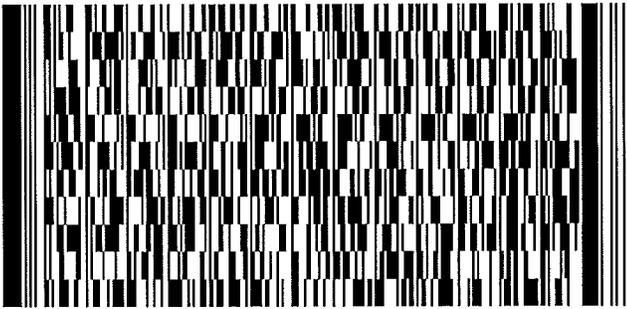
Date received at STAT:

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

Phone:

Country code Area code Local number (e.g. 6390000) Extension

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

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

Phone:

Country code Area code Local number (e.g. 6390000) Extension

Fax:

Country code Area code Local number (e.g. 6390000) Email

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

Prefix Last First MI Suffix Degree

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

Phone:

Country code Area code Local number (e.g. 6390000) Extension

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

Patient ID Alternative Patient ID

Specimen ID Alternative Specimen ID

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)

Request Zika virus testing

STATE OF ILLNESS

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

TYPE OF INFECTION

- Upper respiratory
- Lower respiratory
- Cardiovascular
- Gastrointestinal
- Genital
- Urinary tract
- Other, specify
- Sepsis
- Central nervous system
- Skin/soft tissue
- Ocular
- Joint/bone
- Disseminated

THERAPEUTIC AGENT(S) DURING ILLNESS

Agent	Start date	End date
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>

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)

Foreign Residence (Country)

United States Residence (State)

Note: Additional states or countries of residence or travel should be entered in the Brief Clinical Summary field.

EXPOSURE HISTORY

Exposure:

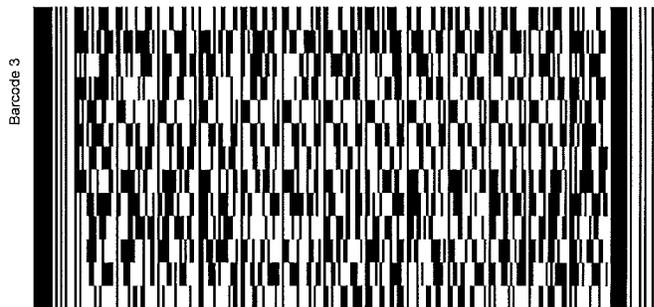
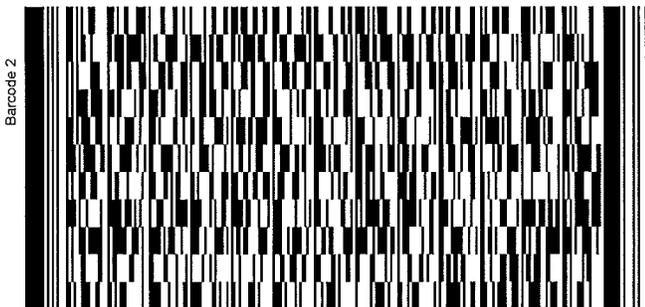
- Animal** Type of Exposure:
 Common name:
 Scientific name:
- Arthropod** Type of Exposure:
 Common name:
 Scientific name:

RELEVANT IMMUNIZATION HISTORY

Immunization(s)	Date received
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>

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

CDC USE ONLY



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.