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The purpose of this training is to assist Public Health Providers and CDC personnel in understanding the new CDC Specimen Submission form for specimens of “Human” origin. Future training will address samples from animals or food, environment, medical devices or blood products. The training is helpful to those responsible for preparing CDC Specimen Submission forms for specimens submitted to the CDC for testing.

The training is organized by the following sections and supporting topics:

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- ❖ Type of Infection
- ❖ Therapeutic Agent(s) During Illness
- ❖ Extent
- ❖ Travel History
- ❖ Exposure History
- ❖ Relevant Immunization History
- ❖ Previous Laboratory Results
- ❖ Comments

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- ❖ How to Obtain a Current Template Form



Overview

Training Objectives

Upon completion of this material, users will be able to:


- ❖ List the overall improvements CDC ID laboratories are making to the specimen accessioning and reporting process
- ❖ Enumerate the benefits of using the new electronic Adobe specimen submission form
- ❖ Enter the necessary information on the updated submission form
- ❖ Link to the CDC Test Directory for essential information when ordering a test

Changes to the overall process

Changes to the overall process include:

- ❖ The 3rd barcode encodes page 2 of the Specimen Submission form, not the Intermediate Submitter information. Therefore the Intermediate Submitter information will be manually uploaded by CDC recipients
- ❖ Submitter information is a dropdown menu selection.
- ❖ The “State PHL...”, “Original Submitter”, and “Intermediate Submitter” sections now contain a direct phone number and email address for the Point of Contact, and no longer contain a phone number for the institution.
- ❖ Updated Test Directory of Services

Enhancements that were implemented for Form 50.34 Version 2.0:

- ❖ Federal, State, and International Submitters can now use the dropdown feature for Institution Name, allowing users to select their Institution. Institutions are listed in alphabetically and users can easily find their Institution by typing the first letter of their state.
- ❖ Selecting Institution Name from the drop-down menu causes the Address, Fax, and Institutional Email fields to be auto-populated with contact information from standardized submitter records.
- ❖ The ‘Previous Laboratory Results/Comments’ is now two separate fields, “Previous Laboratory Results” and “Comments”
- ❖ When a test order with additional information or pre-approval requirement is selected, an information icon  or **Additional form(s) required** with alert pop-up window occurs.
- ❖ “Specimen Source (Type)” is a required field and will be highlighted in red when not data is not entered.
- ❖ Version and expiration date are updated: CDC 50.34 v2.0 (Expires December 8, 2017 at 11:59pm).



50.34 version 2.0 | Human Specimen Submission Form Training Guide

CDC Infectious Diseases Laboratories Website

An example of the CDC Infectious Diseases Laboratories Website is below: <http://www.cdc.gov/laboratory/specimen-submission/index.html>

Infectious Diseases Laboratories

Infectious Diseases Laboratories

- Submitting Specimens to CDC
- Test Directory
- Specimen Submission Form
- Help & FAQ's
- Training
- Shipping and Packing
- Who May Submit Specimens
- CDC Drug Service
- Select Agent Distribution Activity

CDC > [Infectious Diseases Laboratories](#)

Submitting Specimens to CDC

[f](#) [t](#) [+](#)

What's New

Updated 12/4/2015 - We have updated our [CDC 50.34 Specimen Submission Form](#), [Online Test Directory](#), and supporting documentation. Review the [test directory updates](#) (PDF - 23KB) and download the new forms prior to sending specimens to CDC for testing. Visit [Help & FAQ's](#) for additional information.

CDC accepts specimens from state public health laboratories and other federal agencies for analysis. Specimens from private healthcare providers and institutions must be submitted to the local state health department laboratory (state, county, city) for appropriate processing.

Specimen Management activities at CDC include the receipt, categorization, and distribution of specimens from public health facilities to CDC laboratories for reference diagnostic testing and research studies. State-of-the-art technology is used to provide data and information summaries that are crucial in the assessment of public health trends and epidemic dynamics on a national scale.

- TEST DIRECTORY**
Search and select test orders. Download full test directory
- SPECIMEN SUBMISSION FORM**
Download the 50.34 specimen submission form
- HELP & FAQ'S**
Contact information, frequently asked questions
- TRAINING**
Specimen Submission Webinar and form specific training manuals
- SHIPPING AND PACKING**
CDC Shipping address, shipping documents, importing and exporting
- WHO MAY SUBMIT SPECIMENS**
CDC Submitters, SPHL and territorial contact information, SPHL and territorial officials

Get Email Updates

To receive email updates about this page, enter your email address:

What's this? **Submit**

Related Links

Division of Scientific Resources (DSR)



CDC Infectious Diseases Laboratories Website Test Directory

An example of the Infectious Diseases Laboratories Test Directory is below: <http://www.cdc.gov/laboratory/specimen-submission/list.html>

Infectious Diseases Laboratories

- Infectious Diseases Laboratories
- Submitting Specimens to CDC
- Test Directory**
- Specimen Submission Form
- Help & FAQ's
- Training
- Shipping and Packing
- Who May Submit Specimens
- CDC Drug Service
- Select Agent Distribution Activity

Get Email Updates

To receive email updates about this page, enter your email address:

What's this?

Related Links

CDC > [Infectious Diseases Laboratories](#) > [Submitting Specimens to CDC](#)

Test Directory

Submitting Specimens to CDC

[f](#) [t](#) [+](#)

CDC's Infectious Diseases Laboratories provides an online Test Directory that allows you to identify the right test for your needs. The searchable Test Directory features an up-to-date list of orderable tests and provides information on specimen requirements, contact information, test turnaround times, and other supplemental information. Access the directory here or while completing a Specimen Submission Form.

You may also [download a copy](#) [381 pgs, 3.06 MB] of the entire Test Directory.

Effective December 4th 2015, an updated test directory is available. View the major list of changes [here](#) [PDF - 23 KB].

Search

Narrow the results with a keyword, test title, test synonym, or point of contact:

A B C D E F G H I J K L M N O P R S T V Y Showing 357 of 357 tests.

Test Name	Test Code
Acanthamoeba Molecular Detection	CDC-10471
Actinomyces - Anaerobic ID	CDC-10483
Actinomycetes-Aerobic-ID	CDC-10148



Benefits to PHLs

The benefits to the PHLs are included below:

- ❖ Select a test offered by CDC via dropdown menu
- ❖ Select their Institution Name via dropdown menu and have contact information auto-populated with standardized record information
- ❖ Ability to electronically enter data into the form and save it
- ❖ Control the distribution of the new form with their clinical labs
- ❖ Increase accuracy of information entered into the CDC Laboratory Information Management System (LIMS)
- ❖ Delivery of results faster as encrypted PDFs sent by secure email
- ❖ Prepare for electronic messaging
- ❖ Links automatically to supplemental forms, additional information, and CDC contacts for pre-approval and consultation.

What is the Specimen Submission Form?

Public Health Providers and other Submitters must complete a Specimen Submission form for each specimen they submit to the Centers for Disease Control and Prevention (CDC) Infectious Diseases Laboratories for testing. The new CDC 50.34 Specimen Submission form provides the most effective way to record the necessary information required to identify the specimen, patient, and submitter.

The Specimen Submission form provides the following benefits:

- ❖ The form is downloadable and the data you enter can be saved to the form at any time.
- ❖ The form can be filled out on your computer, printed, and then sent to the CDC with the specimen. This ensures the content is legible which reduces the possibility of erroneous data.
- ❖ Printing is prevented until all required data fields are filled appropriately to prevent missing information being sent to CDC.
- ❖ Pick-lists are provided to allow for the selection of valid field values which ensures the integrity of the data.
- ❖ Some pick-lists auto-populate fields which saves submitters time
- ❖ Barcodes expedite the process of transferring data from the form into the CDC Laboratory Information Management System (LIMS), which eliminates the need for manual entry and reduces the amount of human error.

This document will provide training by introducing you to the CDC Specimen Submission form and provide instructions on how to fill out the form.



How the Form is Organized

The Human Specimen Submission form is a two-sided document that is divided into 22 sections.

Notes:

- The section numbers in the list below correspond to the section numbers on the sample form in figures 1 and 2.
 - The barcodes on both sides of the form will not appear until the form is validated and printed successfully.
-



Front of the Form (Figure 1)

1. Origin
2. Laboratory Examination Requested
3. Patient Information
4. Specimen Information
5. CDC Use Only
6. Barcode 1
7. State PHL Submitter
8. Original Submitter
9. Intermediate Submitter

The form is titled "CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN". It is divided into several sections, each with a numbered callout:

- 1** Select the Specimen Origin to Begin the Form (Dropdown menu)
- 2** LABORATORY EXAMINATION REQUESTED (7)
 - Test order name: _____
 - Test order code: _____
 - Suspected agent: _____
 - Date sent to CDC: _____
 - At CDC, bring to the attention of: _____
- 3** PATIENT INFORMATION
 - Patient Name: _____
 - Birthdate: _____ Case ID: _____
 - Sex: _____ Age: _____ Age units: _____
 - Clinical diagnosis: _____
 - Date of onset: _____ Pregnancy Status: _____
 - Fatal: _____ Date of death: _____
- 4** SPECIMEN INFORMATION (8)
 - 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: _____
- 5** CDC USE ONLY (9)
 - Package ID: _____
 - Delivered to Unit #: _____
 - Opened By: _____
 - Unit Specimen ID: _____
 - Date received at CDC: _____
 - Date received at STAT: _____
 - Date received in testing lab: _____ Time: _____
 - Table:

Condition	STAT Laboratory	Testing Laboratory
Outer package		
Specimen container		
Specimen		
- 6** Barcode 1 (Barcode area)
- 7** STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS
 - Name: _____
 - Prefix Last First MI Suffix Degree
 - Institution name: _____
 - Street address: _____
 - City State ZIP Postal code
 - Fax: _____
 - Point of contact: _____
 - Phone: _____
 - Patient ID: _____ Alternative Patient ID: _____
 - Specimen ID: _____ Alternative Specimen ID: _____
- 8** ORIGINAL SUBMITTER (Organization that originally submitted specimen for testing)
 - Name: _____
 - Prefix Last First MI Suffix Degree
 - Institution name: _____
 - Street address: _____
 - City State ZIP Postal code
 - Fax: _____
 - Point of contact: _____
 - Phone: _____
 - Patient ID: _____ Alternative Patient ID: _____
 - Specimen ID: _____ Alternative Specimen ID: _____
- 9** INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPHIL through an intermediate agency)
 - Name: _____
 - Prefix Last First MI Suffix Degree
 - Institution name: _____
 - Street address: _____
 - City State ZIP Postal code
 - Fax: _____
 - Point of contact: _____
 - Phone: _____
 - Patient ID: _____ Alternative Patient ID: _____
 - Specimen ID: _____ Alternative Specimen ID: _____

Figure 1: Human Specimen Submission Form (Front)



Back of the Form (Figure 2)

- 10. Specimen Identifier
- 11. Brief Clinical Summary
- 12. State of Illness
- 13. Type of Infection
- 14. Therapeutic Agent(s) During Illness
- 15. Extent
- 16. Travel History
- 17. Exposure History
- 18. Relevant Immunization History
- 19. Previous Laboratory Results
- 20. Comments
- 21. Barcode 2
- 22. Barcode 3

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN			
10 Patient name: <input type="text"/>		AND/OR Original Patient ID: <input type="text"/>	
AND/OR SPHL Specimen ID: <input type="text"/>			
11 PATIENT HISTORY			
BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)			
<input type="text"/>			
12 STATE OF ILLNESS		13 TYPE OF INFECTION	
<input type="checkbox"/> Symptomatic <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Acute <input type="checkbox"/> Chronic <input type="checkbox"/> Convalescent <input type="checkbox"/> Recovered		<input type="checkbox"/> Upper respiratory <input type="checkbox"/> Lower respiratory <input type="checkbox"/> Cardiovascular <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Genital <input type="checkbox"/> Urinary tract <input type="checkbox"/> Other, specify: <input type="text"/>	
		<input type="checkbox"/> Sepsis <input type="checkbox"/> Central nervous system <input type="checkbox"/> Skin/soft tissue <input type="checkbox"/> Ocular <input type="checkbox"/> Jointbone <input type="checkbox"/> Disseminated	
		14 THERAPEUTIC AGENT(S) DURING ILLNESS	
		Agent: <input type="text"/> Start date: <input type="text"/> End date: <input type="text"/>	
		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			
15 EXTENT		16 TRAVEL HISTORY	
<input type="checkbox"/> Isolated case <input type="checkbox"/> Carrier <input type="checkbox"/> Contact <input type="checkbox"/> Outbreak		Travel: <input type="text"/> Dates of Travel: <input type="text"/> <input type="text"/> Travel: Foreign (Country): <input type="text"/> Travel: United States (State): <input type="text"/> Foreign Residence (Country): <input type="text"/> United States Residence (State): <input type="text"/> <small>Note: Additional states or countries of residence or travel should be entered in the Brief Clinical Summary field.</small>	
<input type="checkbox"/> Family <input type="checkbox"/> Community <input type="checkbox"/> Healthcare-associated <input type="checkbox"/> Epidemic			
17 EXPOSURE HISTORY		18 RELEVANT IMMUNIZATION HISTORY	
<input type="checkbox"/> Animal Common name: <input type="text"/> Scientific name: <input type="text"/> Type of Exposure: <input type="text"/> <input type="checkbox"/> Arthropod Common name: <input type="text"/> Scientific name: <input type="text"/> Type of Exposure: <input type="text"/>		Exposure: <input type="text"/> Date of Exposure: <input type="text"/> Immunization(s): <input type="text"/> Date received: <input type="text"/> 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"/>	
19 PREVIOUS LABORATORY RESULTS (Or attach copy of test results or worksheet)		20 COMMENTS	
<input type="text"/>		<input type="text"/>	
21 CDC USE ONLY		22 CDC USE ONLY	
<small>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 201 (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 09-20-0108, "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 disclosures may be made without the subject individual's written consent.</small>			

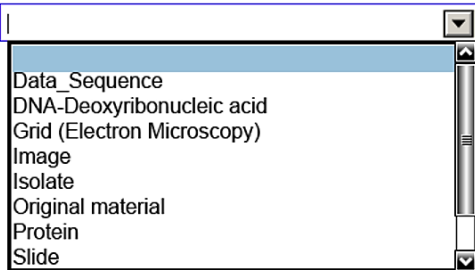
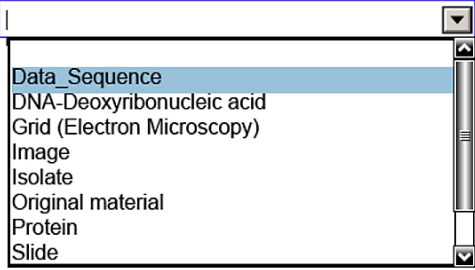

Figure 2: Human Specimen Submission Form (Back)



Entering Data

Before we take a look at the individual sections in detail, we will show you how to enter and correct data on the form

Using Picklists

Overview	<p>Pick-lists are available for many fields to provide you with a convenient way to select field values. Click the down-arrow and the pick-list appears, or type the first letter of the value you want to jump to the selection.</p> <p>If your information is not in the pick-list, select the blank field and hand-write your information <u>after</u> you print the form. Some fields with pick-lists e.g. sex, may not have a blank row at the top. In these instances, you must select from a value in that pick-list; values may not be hand-entered.</p>	<p>Material submitted: </p>
Action	<p>Follow these steps to select a value from a pick-list:</p> <p>Click the down-arrow for the field. The pick-list for the field appears.</p> <p>Click the value on the pick-list which best represents your selection.</p>	<p>Material submitted: </p>
Result	<p>The value that you selected appears in the field.</p>	<p>Material submitted: </p>




Entering Dates

<p>Overview</p>	<p>Dates may be entered in one of two ways, you may enter the date in “MM/DD/YYYY” format, or you may select the date from the calendar.</p> <p>When you enter an invalid date, or the date you enter does not meet the rules established for that date, you will receive an error message. Some examples include:</p> <ul style="list-style-type: none"> ❖ Date of death cannot be after today’s date. ❖ Start Date cannot be after End Date. ❖ Invalid date format. Please enter date as “MM/DD/YYYY”. 	<p>Date of death: <input type="text"/></p> <p style="text-align: center; font-size: small;">MM/DD/YYYY</p>
<p>Action</p>	<p>You may enter a date using the format: MM/DD/YYYY, or follow these steps to select the date from the calendar:</p> <ol style="list-style-type: none"> 1. Click inside the date field. The drop-down arrow appears. 2. Click the drop-down arrow. The calendar appears. 3. Select a specific day using the calendar format, or click the blue-lined box at the bottom of the calendar to select today’s date. <p>Note: Make sure you are in the correct calendar month and year.</p>	
<p>Result</p>	<p>The date you entered or selected appears in the date field.</p>	<p>Date of death: <input type="text" value="05/13/2016"/></p> <p style="text-align: center; font-size: small;">MM/DD/YYYY</p>



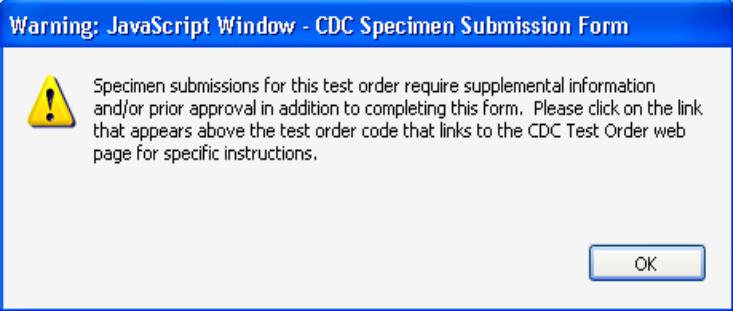
Entering Test Order Name



Overview	<p>The test order name is mandatory in order to submit specimens to the CDC for testing. The test order code will auto-populate based on the test order name selected. Alternatively, if you know the test order code, select it, and the test order name will auto-populate.</p> <p>If the test order code and name are left blank and you try to print the form, you will receive the following error message:</p> <p><i>“The following required fields are empty: Required field – Test order name”</i></p>	<p>Test order code: <input type="text"/></p> <p>Test order name: <input type="text"/></p>
Action	<p>Follow these steps to select the test order name:</p> <ol style="list-style-type: none">1. Click the Test Order Name drop-down arrow. The pick-list appears.2. Select the Test Order Name from the pick-list.	<p>Test order name: <input type="text"/></p> <ul style="list-style-type: none">Acanthamoeba Molecular DetectionActinomyces - Anaerobic - IDActinomyces - Aerobic - IDActinomyces - Aerobic - ID and ASTAdenovirus Molecular Detection and TypingAlkhurma IdentificationAlkhurma SerologyAmeba Identification (Acanthamoeba, Balamuthia, Naegleria)Ameba Serology (Acanthamoeba, Balamuthia, Naegleria)
Result	<p>The Test Order Name you selected appears, and the Test Order Code auto-populates based on your selection.</p> <p>The Information icon appears next to the Test Order Code. Click this icon to find additional information for the specific test order.</p>	<p>Test order code: CDC-10148 </p> <p>Test order name: Actinomyces - Aerobic - ID</p>


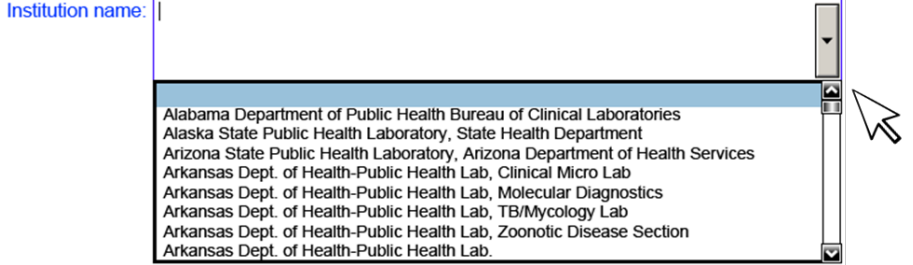
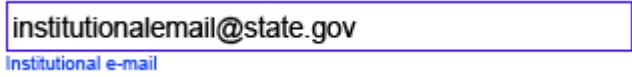


Test Order Name Requirements – Prior Approval and Supplemental Forms

<p>Overview</p>	<p>The test order name is mandatory. The test order code will auto-populate based on the test order name selected. Alternatively, if you know the test order code, select it, and the test order name will auto-populate. If you select a test order code, please verify that the test order name matches the test order you wish to order.</p> <p>For some test orders, you will be required to provide supplemental information. For instance, in this example, you are required to fill out an additional form for test order code, 'CDC-10274'. After selecting the test order code, you will receive the following message:</p> <p><i>“Specimen submissions for this test order require supplemental information and/or prior approval in addition to completing this form. Please click on the link that appears above the test order code that links to the CDC Test Order web page for specific instructions.”</i></p>	 <p>Additional form(s) required</p> <p>Test order code: CDC-10274</p> <p>Test order name: Alkhurma Identification</p>
<p>Action</p>	<p>Follow these steps to locate the additional required form:</p> <ol style="list-style-type: none"> 1. Click OK to acknowledge the warning message. The Help icon next to the test order code disappears and is replaced by the “Additional form(s) required” button: Additional form(s) required 2. Click the “Additional form(s) required” button to access prior approval or supplemental form instructions. 	<p>Additional form(s) required</p> <p>Test order code: CDC-10274</p> <p>Test order name: Alkhurma Identification</p>
<p>Result</p>	<p>The CDC Test Order web page appears with specific instructions for prior approval or supplemental forms.</p>	

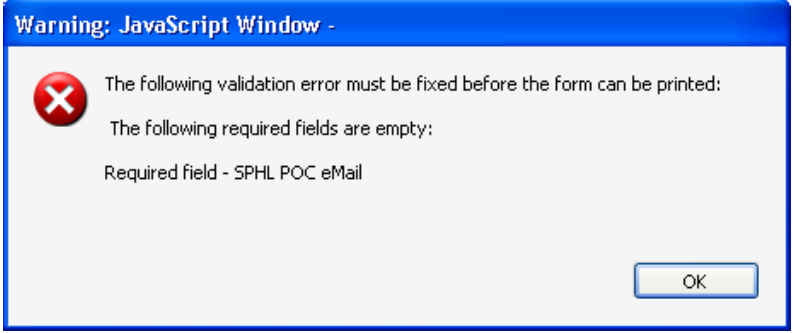




Entering Submitter Data

<p>Overview</p>	<p>You must enter data in the State PHL Submitter section, including a standard address and valid email address.</p> <p>If you leave the submitter data blank, the following message appears:</p> <p><i>“Submitter information is required including a valid email address”.</i></p>	
<p>Action</p>	<p>Follow these steps to add submitter data:</p> <ol style="list-style-type: none"> 1. Click OK to acknowledge the warning message. 2. Under the “State PHL...” section, select your institution from the “Institution Name” dropdown menu. You can also type the first letter of your state to find your institution name more quickly. Contact information from standardized records will appear. 3. If the institutional information that appears is not correct, erase the Institution Name and enter all data fields manually. 	
<p>Result</p>	<p>The submitter data and email address appears.</p>	



Entering Email Address

<p>Overview</p>	<p>If you do not enter an email address, the following warning message appears:</p> <p><i>“The following required fields are empty: Required field – SPHL approved laboratory email address”.</i></p> <p>If the institution does not have an approved laboratory email address, then enter the Lab Director’s email address.</p>	
<p>Action</p>	<p>Follow these steps to correct the email address:</p> <ol style="list-style-type: none"> 4. Click OK to acknowledge the warning message. The erroneous email address field appears highlighted in red. 5. Enter the email address in the following format: name@somewhere.com. 	 <p>Institutional e-mail</p>
<p>Result</p>	<p>The corrected email address appears.</p>	 <p>Institutional e-mail</p>



Sections of the Form

Origin

The Origin section appears below:

Select the Specimen Origin to Begin the Form

A screenshot of a web form's dropdown menu. The menu is open, showing a list of six options in blue text: HUMAN, ANIMAL, FOOD, ENVIRONMENTAL, MEDICAL DEVICE, and BIOLOGIC. The dropdown arrow is visible in the top right corner of the menu box.

This section is used to specify the origin for the material you are submitting. The fields on the form will change based on the origin selected.

There will be three distinctly different forms in this form. Fields on the Human form are different from those on the Animal form and these are different from a single form that is used for submitting specimens of Food, Environmental, Medical Device, or Biologic origin.

Field Name	Field Instructions
Origin	<p>Select the origin for the material you are submitting from the pick-list.</p> <p>Valid options are:</p> <ul style="list-style-type: none">❖ Human❖ Animal❖ Food❖ Environmental❖ Medical Device❖ Biologic <p>The form will populate the fields that are specific to the origin selected.</p>



Laboratory Examination Requested

The Laboratory Examination Requested section appears below:

LABORATORY EXAMINATION REQUESTED

Test order code:

Test order name:

Suspected agent:

Date sent to CDC:
(MM/DD/YYYY)

At CDC, bring to the attention of:

This section is used to specify the test order name and code assigned to the specimen, the suspected agent, the date the specimen was sent to the CDC, and to whom the specimen was sent. Valid field values may be selected from the pick-lists, where available.



50.34 version 2.0 | Human Specimen Submission Form Training Guide

Field Name

Field Instructions

Test Order Code and Test Order Name	<p>The test order name is mandatory. The test order code will auto-populate based on the test order name selected. Alternatively, if you know the test order code, select it, and the test order name will auto-populate.</p> <p>In some cases, you may receive the following message:</p> <p>“Specimen submissions for this test order require supplemental information and/or prior approval in addition to completing this form. Please click on the link that appears above the test order code that links to the CDC Test Order web page for specific instructions.”</p> <p>In this case, click the link that appears and follow the instructions.</p>
Suspected Agent	Select the suspected agent from the list of bacteria, viruses, fungi, and parasites.
Date Sent to CDC	Enter/select the date the specimen was shipped to the CDC. This date is important because it lets us know if the specimen is delayed in transit and whether the delay affects its suitability for testing.
At CDC, bring to attention of:	If you have prior approval or have talked with someone in the CDC laboratory about this specimen/order, enter the name of that person to facilitate the testing. This space may be left blank if prior approval for testing is not required.



Patient Information

The Patient Information section appears below:

PATIENT INFORMATION

Patient Name:

Last First MI Suffix

Birthdate: Case ID:

MMDDYYYY

Sex: Age: Age units:

Clinical diagnosis:

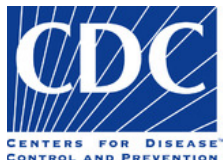
Date of onset: Pregnancy Status:

MMDDYYYY

Fatal: Date of death:

MMDDYYYY

CLIA requires that two identifiers be provided to ensure that the results of testing uniquely identify the correct patient.



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Field Name	Field Instructions
Patient Name (Last, First, MI, Suffix)	Enter the name of the patient. Make sure to enter the complete patient name; these are particularly important for patients with common first and last names.
Birthdate	Enter the patient's birthdate.
Case ID	Enter a pre-existing Case ID, if applicable
Sex	Select the appropriate gender for the patient. You must select a value from the pick-list; you cannot hand-write a value in this field.
Age	If you don't know the birthdate of the patient but know the age, enter the age in this field. The age must be a whole number, for example 30 months to indicate 2 years and 6 months. Decimal points are not allowed.
Age units	Select the appropriate unit for the age entered (e.g., day, month, and year). You must select a value from the pick-list; you cannot hand-write a value in this field.
Clinical diagnosis	If you know the patient's disease, syndrome, or condition (for example, gonorrhea), then select it from the pick-list. If the value you require is not in the pick-list, select the blank entry, and then hand-write the value on the printed form.
Date of onset	If you know the date of onset identified by the healthcare provider who originally submitted the specimen for testing, enter it here.
Pregnancy Status	Enter patient's pregnancy status, if known
Fatal	Was the patient deceased at the time the specimen was submitted? Select 'Yes', 'No', or 'Unknown'.
Date of death	If the person is deceased, enter the date of death, if known.



Specimen Information

The Specimen Information section appears below:

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:

This section is used to enter pertinent information about the specimen that will allow the testing laboratory to determine the suitability for testing.

Note: Valid values for all fields are available in the pick-lists. If the value you require is not in a pick-list, select the blank entry, and then handwrite the value on the printed form.



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Field Name	Field Instructions
Specimen collected (Date, Time)	Enter the date the specimen was collected as MM/DD/YYYY. Enter the time as HH:MM:SS. If a date is entered and the time is left blank, the default time is 01:00:00. Blank minutes or seconds default to 00.
Material submitted	Select the original specimen or a specimen derivative such as an isolate or nucleic acid that has been extracted from the original specimen.
Specimen Source (Type)	Select the type of specimen that was collected, or the specimen where the isolate was recovered.
Specimen Source Modifier	Used to indicate the status of a serum specimen, i.e., whether it was collected from a patient during the 'acute' or 'convalescent' phase of an infection. Other values such as S1 are intended for specimens being collected for studies.
Anatomic (body) site	Select the anatomic (body) site from which the original specimen was taken (e.g., arm, leg, liver). In most cases, this field will not be filled for specimens such as blood.
Anatomic (body) site modifier	Provides more information about the anatomic (body) site from which the specimen was taken such as 'right' (arm), if applicable. Not required for blood or serum.
Collection method	Provides information about how the specimen was collected. This is critical information about the adequacy of the specimen collected, and includes values such as 'Aspiration' and 'Biopsy'.
Treatment of specimen	Select what treatment the specimen has received (e.g., Centrifugation).
Transport medium/Specimen preservative	Select the medium in which the specimen was submitted, or the substance that has been added to the specimen, to ensure its suitability for testing (e.g., Campy-BAP agar).
Specimen handling	Select the temperature or other conditions under which you are submitting the specimen (e.g., dry ice, ambient temperature).



CDC Use Only

The CDC Use Only section appears below:

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: _____

CDC specimen identification label

	Condition	STAT Laboratory	Testing Laboratory
Barcode 1	Outer package		
	Specimen container		
	Specimen		

Field Name	Field Instructions
Package ID#	CDC use only
Delivered to Unit#	CDC use only
Unit Specimen ID#	CDC use only
Date received at CDC	CDC use only
Date received in testing Lab	CDC use only
Time received in testing Lab	CDC use only
Condition Outer Package	CDC use only
Condition Specimen Container	CDC use only
Condition Specimen	CDC use only

This section is reserved for CDC use only. The CDC personnel responsible for processing the specimen package will use this section to record the package identifiers, dates of receipt, and the condition of the package and contents.

Note: The fields in this section are protected. The information must be hand written directly on the paper form by the appropriate CDC personnel.



State PHL Submitter

The State PHL Submitter section appears below:

**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
institutionalemail@state.gov

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

This section includes the submitter information for the State PHL, New York City HD laboratory, Federal Agency, International Institution, and Peace Corps that submitted the specimen for examination.



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Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Name of person authorizing reference testing from the CDC. This person is usually the laboratory director or their designee.
Institution Name	Use the dropdown menu to select the institution name and specific department, if available.
Street address 1	Will autofill if dropdown is used or enter the street address, including the specific floor/room number.
Street address 2	Will autofill if dropdown is used or enter the post office box or mailstop.
City, State, Zipcode, Country	Will autofill if dropdown is used or enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Will autofill if drop down is used or enter local phone number for the laboratory, including country code and area code (numbers only; no spaces or special characters).
Fax (country, area code, local number)	Will autofill if dropdown is used or enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Institutional e-mail	Will autofill if dropdown is used or enter a standardized institution or lab email address that is approved for the CDC form.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary or alternative person in the laboratory who can answer questions regarding the specimen submission.
Phone (country, area code, local number)	Enter the Point of Contact's direct phone number
POC e-mail	Enter the Point of Contact's direct email address
Patient ID	Enter the primary patient ID if assigned by the State PHL. The number might be used for surveillance or study purposes.
Specimen ID	Enter the primary specimen ID if assigned by the State PHL. The number might be used for surveillance or study purposes.
Alternative Patient ID	Alternative patient ID if assigned by the State PHL.
Alternative Specimen ID	Alternative specimen ID if assigned by the State PHL.



Original Submitter

The Original Submitter section appears below:

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

This section includes the submitter information for the laboratory, hospital, or clinic that originally submitted the specimen for examination.



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Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Name of person authorizing reference testing to be performed. This person is usually the laboratory director or their designee.
Institution Name	Enter the institution name and specific department
Street address 1	Enter the street address, including the specific floor/room
Street address 2	Enter the post office box or mailstop.
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Enter local phone number for the laboratory, including country code and area code (numbers only; no spaces or special characters).
Fax (country code, area code, local number)	Enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Institutional e-mail	Enter an email address for the institution or lab director.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary person in the laboratory who can answer questions regarding the specimen submission.
Phone (country, area code, local number)	Enter the Point of Contact's direct phone number
POC e-mail	Enter the Point of Contact's direct email address
Patient ID	Enter the primary patient ID if assigned by the lab. The number might be used for surveillance or study purposes.
Specimen ID	Enter the primary specimen ID if assigned by the lab. The number might be used for surveillance or study purposes.
Alternative Patient ID	Alternative patient ID if assigned by the lab.
Alternative Specimen ID	Alternative specimen ID if assigned by the lab.



Intermediate Submitter

The Intermediate Submitter section appears below:

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

This section is used to enter the name, address, and contact information for the intermediate laboratory, which is usually the reference laboratory that handled the sample (e.g., Quest, Lab Corp, ARUP, Mayo Clinic, and so on).



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Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Name of person authorizing reference testing to be performed. This person is usually the laboratory director or their designee.
Institution Name	Enter the institution name and specific department, if appropriate.
Street address 1	Enter the street address, including the specific floor/room number.
Street address 2	Enter the post office box or mailstop.
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Enter local phone number for the laboratory, including country code and area code (numbers only; no spaces or special characters).
Fax (country code, area code, local number)	Enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Institutional e-mail	Enter an email address for the institution or lab director.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary or alternative person in the laboratory who can answer questions regarding the specimen submission.
Phone (country, area code, local number)	Enter the Point of Contact's direct phone number
POC e-mail	Enter the Point of Contact's direct email address
Patient ID	Enter the primary patient ID if assigned by the lab. The number might be used for surveillance or study purposes.
Specimen ID	Enter the primary specimen ID if assigned by the lab. The number might be used for surveillance or study purposes.
Alternative Patient ID	Alternative patient ID if assigned by the lab.
Alternative Specimen ID	Alternative specimen ID if assigned by the lab.



Specimen Identifier (Auto Populated)

The Specimen Identifier section appears below:

Patient name: <input type="text"/> <small>Last</small>	<input type="text"/> <small>First</small>	AND/OR Original Patient ID: <input type="text"/>	AND/OR SPHL Specimen ID: <input type="text"/>
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This section is found at the top-most area on the second page of the form. The purpose of this section is to carry forward the patient and specimen identifiers that were entered on the front of the form. This is helpful in the event that the form is printed on two separate pieces of paper.

Caution: If you are not filling out the form using your computer, the Patient Identifier section will not auto populate. For printed forms, be sure to hand-write the patient name, original patient ID, and the SPHL specimen ID in the Patient Identifier section.

Field Name	Field Instructions
Patient Name (first, last)	Auto-populated from the Patient Name in the Patient Information section.
AND/OR Orig Patient ID	Auto-populated from the Patient ID in the Original Submitter section.
AND/OR SPHL Specimen ID	Auto-populated from the Specimen ID in the State PHL section



Brief Clinical Summary

The Brief Clinical Summary section appears below:

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

This section is used to enter a brief clinical summary for the patient which may include signs, symptoms, and underlying illnesses, if known.

Note: When attaching additional documentation to the form, please indicate that you are attaching additional information and note the name of the attached document.

Field Name	Field Instructions
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Brief Clinical Summary	Enter a brief clinical history for the patient (250 character limit). If you need to include more information, enter test results under "Previous Laboratory Results", attach additional documentation (e.g., worksheet) to the form, and/or add additional information under "Comments".
------------------------	---



State of Illness

The State of Illness section appears below:

STATE OF ILLNESS

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

This section is used to select one or more characteristics to describe the patient’s state of illness.

Field Name	Field Instructions
Symptomatic	Select, if applicable.
Asymptomatic	Select, if applicable.
Acute	Select, if applicable.
Chronic	Select, if applicable.
Convalescent	Select, if applicable.
Recovered	Select, if applicable.



Type of Infection

The Type of Infection section appears below:

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: 150px; height: 15px;" type="text"/>

This section is used to select one or more types of infection the patient may have.

Field Name	Field Instructions
Upper respiratory	Select, if applicable.
Lower respiratory	Select, if applicable.
Cardiovascular	Select, if applicable.
Gastrointestinal	Select, if applicable.
Genital	Select, if applicable.
Urinary tract	Select, if applicable.
Sepsis	Select, if applicable.
Central nervous system	Select, if applicable.
Skin/soft tissue	Select, if applicable.
Ocular	Select, if applicable.
Joint/Bone	Select, if applicable.
Disseminated	Select, if applicable.
Other, specify	If you do not see the type of infection listed, then type the infection you desire in the space provided.



Therapeutic Agent(s) During Illness

The Therapeutic Agent(s) During Illness section appears below:

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"/>

MM/DD/YYYY MM/DD/YYYY

This section is used to specify one or more relevant therapeutic agents that the patient has received.

Field Name Field Instructions

Field Name	Field Instructions
Agent	Select the treatment.
Start Date	Enter/select the date treatment started.
End Date	Enter/select the date treatment ended.



Extent

The Extent section appears below:

EXTENT

Isolated case

Carrier

Contact

Outbreak

Family

Community

Healthcare-associated

Epidemic

This section is used to establish the extent of the patient’s illness. Is the illness an isolated case or part of an outbreak? Indicate the extent of the outbreak.

Field Name	Field Instructions
Isolated Case	Select, if applicable.
Carrier	Select, if applicable.
Contact	Select, if applicable.
Outbreak	If the extent of the outbreak is not listed, enter it in the Outbreak field (e.g., cruise ship).
Family	Select, if applicable.
Community	Select, if applicable.
Healthcare-associated	Select, if applicable.
Epidemic	Select, if applicable.



Travel History

The Travel History section appears below:

TRAVEL HISTORY

Travel:

Dates of Travel: to
MM/DD/YYYY MM/DD/YYYY

Travel: Foreign (Countries)

Foreign Residence (Country)

Travel: United States (States)

United States Residence (State)

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

This section is used to indicate the patients travel history, during the period of illness, including the dates of travel and travel destinations. The patient's state or country of residence may also be entered.



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Field Name	Field Instructions
Travel	Select (yes, no, or unknown) to indicate if the patient traveled during the period in which the infection was acquired.
Dates of Travel (begin date)	Enter the date travel begun.
Date of Travel (end date)	Enter the date travel was completed.
Travel Foreign (country)	If the patient traveled outside the U.S., select the country where they traveled. If there were more than three countries, enter the additional countries in the Brief Clinical Summary section.
Travel United States	If the patient traveled within the U.S., please list the states where they traveled. If there were more than three states, enter the additional states in the Brief Clinical Summary section.
Foreign Residence (country)	If the patient lives outside the U.S., please enter the country of residence. A patient may have both a foreign and United States residence
United States Residence (states)	If the patient has a United States residence, enter the state of residence. A patient may have both a foreign and United States residence



Exposure History

The Exposure History section appears below:

Note: If the value you require for the common or scientific name is not in the pick-list, select the blank entry at the top of the pick-list, and then handwrite the value on the printed form.

This section is used to indicate whether or not the patient came in contact with an animal or arthropod. The name of the animal or arthropod and the type of exposure such as a bite or scratch may also be selected.

Field Name	Field Instructions
Exposure	Select (yes, no, or unknown) to Indicate if the patient was exposed to any animal or arthropod that may have been associated with their infection.
Date of Exposure	Enter date of exposure, if known.
Animal	Select, if the patient was exposed to an animal as a possible source of infection.
Type of Exposure	Select the type of exposure (e.g., bite, scratch).
Common name	Select a common name. The corresponding scientific name (if there is one) will auto-populate in the Scientific Name field.
Scientific name	Select a scientific name. The corresponding common name (if there is one) will auto-populate in the Common Name field.
Arthropod	Select, if the patient was exposed to an arthropod as a possible source of infection
Type of Exposure	Select the type of exposure (e.g., bite, scratch).
Common name	Select a common name. The corresponding scientific name (if there is one) will auto-populate in the Scientific Name field.
Scientific name	Select a scientific name. The corresponding common name (if there is one) will auto-populate in the Common Name field.



Relevant Immunization History

The Relevant Immunization History section appears below:

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"/>

MM/DD/YYYY

This section is used to specify the patient’s relevant immunization history, indicating the date and type of vaccination(s) that were administered.

Field Name	Field Instructions
Immunization(s)	Select the immunization given to the patient.
Date Received	Enter the date the patient received the immunization.



Previous Laboratory Results

The Previous Laboratory Results section appears below:

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

Note: When attaching additional documentation to the form, please indicate that you are attaching additional information and note the name of the attached document in the Previous Laboratory Results section.

This section is used to document any previous laboratory results associated with this specimen. Additional documentation such as test results may be attached to the form. Any additional information about the submitted specimen can be captured in “Comments”

Field Name	Field Instructions
Previous Laboratory Results	Enter the patient’s previous laboratory results (250 character limit). If more space is needed, attach additional documentation (e.g., test results, worksheet) to the form and/or continue under “Comments”.

Comments

The Comments section appears below:

COMMENTS

This section is used to document any additional information about the submitted specimen or when more space is required for other data fields.

Field Name	Field Instructions
Comments	Enter additional information related to the specimen (250 character limit). Note: This field is also used to record data for fields where more space is required.



CDC Use Only Barcodes

The image below depicts a CDC Use Only Barcode.



Information that is entered into the form is recorded and saved in one of three barcode sections that only appear when the form prints successfully. When a specimen is received at the CDC, the data from its corresponding Specimen Submission form is scanned via the barcodes directly into the CDC Enterprise LIMS. This eliminates the need for data entry and reduces the amount of human error.

Caution: The form must be filled out on your computer, printed and then sent to the CDC with the specimen in order to take full advantage of the barcode functionality. Information that is hand-written on the form will not be recorded in the barcodes.

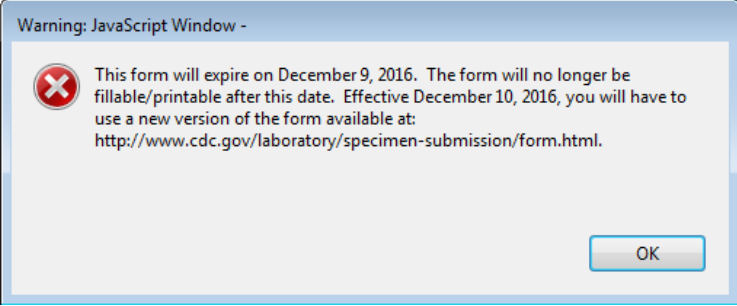
Field Name	Field Instructions
Barcode 1	Encodes information on page 1, left column
Barcode 2	Encodes information on page 1, right column
Barcode 3	Encodes information on page 2



Expiring Template Forms

How to Obtain a Current Template Form



<p>Overview</p>	<p>The Specimen Submission form contains a version number and expiration in the footer, on the bottom right side of both sides of the form. You will not be able to fill out the form or print the form after the expiration date.</p> <p>You will receive the following warning message each time you open the form, beginning two weeks prior to the expiration date:</p> <p><i>“This form will expire on ‘Month 99, 9999’. The form will no longer be fillable/printable after this date. Effective ‘Month 99, 9999’ you will have to download a new version of the form at: http://www.cdc.gov/laboratory/specimen-submission/form.html”</i></p> <p>If you open the form after the expiration date, you will receive the following message:</p> <p><i>“This form expired on ‘Month 99, 9999’. Effective ‘Month 99, 9999’, please use the new version of the form available at: http://www.cdc.gov/laboratory/specimen-submission/form.html”.</i></p>	
<p>Action</p>	<p>Follow these steps to obtain a new form:</p> <ol style="list-style-type: none"> 1. Discard all blank paper template forms, and blank template forms stored on your computer that reflect the expiration date. 2. Download a new version of the template form at: http://www.cdc.gov/laboratory/specimen-submission/form.html 	<p>Version 2.0, Expiration Date: 12/08/2017</p>
<p>Result</p>	<p>The downloaded form should reflect the new expiration date in the footer on the front and back of the form.</p>	<p>Version 2.0, Expiration Date: 12/08/2017</p>