



Submit sample(s) to:
MN Public Health Laboratory
Infectious Disease Lab
601 Robert St. N
St. Paul, MN 55155

Phone 651-201-5200
Fax 651-201-4538
Sample Receiving 651-201-4953
CLIA# 24D0651409

MDH Lab Use Only
Condition:
Room Temp
Frozen
Cool Pack
Barcode
Label

Antimicrobial Resistance (AR) Laboratory Network Central Region Lab

Clinical Testing and Submission Form

* Required Fields

Submitter	Patient	Specimen	Test and Epidemiology Information												
<p>*Submitting Facility: <input type="text" value="Allina Health Laboratory - Central Lab Sd"/></p> <p>*Address: <input type="text" value="2800 10th Ave South, Suite 200"/></p> <p>City: <input type="text" value="Minneapolis"/> State: <input type="text" value="MN"/> Zip: <input type="text" value="55407"/></p> <p>Name of Person Filling Out Form: <input type="text"/></p> <p>Phone: <input type="text" value="612-863-4356"/></p> <p>Originating Facility Name: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p>	<p>*Last Name: <input type="text"/></p> <p>*First Name: <input type="text"/></p> <p>Address: <input type="text"/></p> <p>City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/></p> <p>Patient MRN #: <input type="text"/></p> <p>*Date of Birth: <input type="text"/> (mm/dd/yyyy) Sex: <input type="text"/></p> <p>Race: <input type="text"/></p> <p>Ethnicity: <input type="text"/></p>	<p>Submitter Sample ID#: <input type="text"/></p> <p>*Date of Collection (mm/dd/yyyy): <input type="text"/></p> <p>Time of Collection: <input type="text"/> (##:##) AM <input type="radio"/> PM <input type="radio"/></p> <p>Submitting Lab Organism/Result: <input type="text"/></p> <p>Source Type/Site:</p> <table border="0"><tr><td><input checked="" type="checkbox"/> Axilla/Groin Swab</td><td><input type="checkbox"/> Sputum</td></tr><tr><td><input type="checkbox"/> Blood</td><td><input type="checkbox"/> Tissue (specify)</td></tr><tr><td><input type="checkbox"/> Bronchial Wash</td><td><input type="checkbox"/> Tracheal Aspirate</td></tr><tr><td><input type="checkbox"/> Bronchoalveolar lavage (BAL)</td><td><input type="checkbox"/> Urine</td></tr><tr><td><input type="checkbox"/> Fluid (specify)</td><td><input type="checkbox"/> Wound Swab (specify)</td></tr><tr><td><input type="checkbox"/> Rectal Swab</td><td><input type="checkbox"/> Other (specify)</td></tr></table> <p>Specify Additional SourceType/Site Information: <input type="text"/></p>	<input checked="" type="checkbox"/> Axilla/Groin Swab	<input type="checkbox"/> Sputum	<input type="checkbox"/> Blood	<input type="checkbox"/> Tissue (specify)	<input type="checkbox"/> Bronchial Wash	<input type="checkbox"/> Tracheal Aspirate	<input type="checkbox"/> Bronchoalveolar lavage (BAL)	<input type="checkbox"/> Urine	<input type="checkbox"/> Fluid (specify)	<input type="checkbox"/> Wound Swab (specify)	<input type="checkbox"/> Rectal Swab	<input type="checkbox"/> Other (specify)	<p>Choose Test Requested (TEST CODE):</p> <p>Specimen Test Requested</p> <p><input checked="" type="checkbox"/> Candida auris Colonization Screening by Candida auris PCR (CAPCR)</p> <p><input type="checkbox"/> Carbapenem Resistant Organism Colonization Screening by Carba-R (CARBAR) KPC/NDM/OXA-48/VIM/IMP rectal source testing</p> <p><input type="checkbox"/> Carbapenem Resistant Organism Colonization Screening by Culture (CPOCX)</p> <p><input type="checkbox"/> CRAB culture testing</p> <p><input type="checkbox"/> IMP culture testing</p> <p><input type="checkbox"/> CRO non-rectal source testing</p> <p>Isolate Test Requested</p> <p><input type="checkbox"/> CRA Carbapenem-resistant Acinetobacter Project 2175 (CRA)</p> <p><input type="checkbox"/> CRE Carbapenem-resistant Enterobacterales Project 2175 (CRE)</p> <p><input type="checkbox"/> CRPA Carbapenem-resistant Pseudomonas aeruginosa Project 2175 (CRPA)</p> <p>For tests above (CRA, CRE and CRPA) provide applicable lab results</p> <p>- Copy of AST report from testing instrument (Vitek, Phoenix, Microscan, etc.)</p> <p>- Phenotypic and/or molecular carbapenemase test results (if performed) using the CRO Isolate - Supplemental Submission Form www.health.state.mn.us/diseases/idlab/arln.html</p> <p><input type="checkbox"/> Yeast identification/AFST Project 2180 (YEASTID)</p> <p><input type="checkbox"/> S. pneumoniae serotyping/AST Project 2181 (SPNSER)</p> <p><input type="checkbox"/> Expanded Antibiotic Testing for Enterobacterales (ASTEXP) Requires MDH approval†</p> <p>†Email the ARLN team with approval requests or questions at arlnmn@state.mn.us</p> <p>Submitting Laboratory: Comments</p> <p><input type="text" value="Fax results to 612-863-3186"/></p>
<input checked="" type="checkbox"/> Axilla/Groin Swab	<input type="checkbox"/> Sputum														
<input type="checkbox"/> Blood	<input type="checkbox"/> Tissue (specify)														
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