

# Infectious Disease Laboratory Submission Form

\* Required Fields

**Submitter**

\*Submitting Facility: \_\_\_\_\_

\*Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Person Filling Out Form: \_\_\_\_\_

Phone: \_\_\_\_\_

Originating Facility: \_\_\_\_\_

Ordering Provider: \_\_\_\_\_

Project Number if Known: \_\_\_\_\_

**Patient**

\*Last Name: \_\_\_\_\_

\*First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Patient MRN #: \_\_\_\_\_ Sex: \_\_\_\_\_

\*Date of Birth: (mm/dd/yyyy) \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Race: \_\_\_\_\_

**Specimen**

\*Submitter Sample ID: \_\_\_\_\_

\*Date of Collection (mm/dd/yyyy): \_\_\_\_\_

Time of Collection (##:##): \_\_\_\_\_

AM      PM

**Reportable Disease/Referral**

**Reportable Disease Specimen (Test assigned by MDH)**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

CIDT Platform: \_\_\_\_\_

Organism 1: \_\_\_\_\_

Organism 2: \_\_\_\_\_

Organism 3: \_\_\_\_\_

Organism 4 / Specify Other: \_\_\_\_\_

**Reportable Disease Isolate (Test assigned by MDH)**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Organism: \_\_\_\_\_

**Referral Testing at CDC:**

CDC Test: \_\_\_\_\_

Submitting Laboratory - Specify Any Other Organism/Test Info or Comments:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Virology**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_

Vaccination Date: \_\_\_\_\_

**Serology**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_

Previous Result: \_\_\_\_\_

**Influenza**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

Date of Symptom Onset: \_\_\_\_\_ Date of Vaccination: \_\_\_\_\_

Result/Subtype: \_\_\_\_\_ Test by Submitter: \_\_\_\_\_

**Microbiology**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

\*Prior MDH Notification #Prior MDH Authorization

**Mycobacteria**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

AFB Isolate Media Submitted: \_\_\_\_\_

M.TB Complex PCR only Smear Result: \_\_\_\_\_

M.TB Complex PCR only Specimen Condition: \_\_\_\_\_

**Parasitology**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

**Mycology**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

Probe:    Blasto                      Histo                      Cocci

**Other**

Source: \_\_\_\_\_ Site: \_\_\_\_\_

Test Requested: \_\_\_\_\_

Test and Epidemiology Information