HUMAN	

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED Additional form(s)/Info required	STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY /						
Test order name: Chagas Disease Serology- CLIA	INTERNATIONAL INSTITUTION / PEACE CORPS						
	Name: (Laboratory Director or designee) Dr Huff Carly PhD						
Test order code: CDC-10458 Date sent to CDC:	Prefix Last First MI Suffix Degree Institution name: MO State Public Health Laboratory						
Suspected Agent:							
At CDC, bring to the attention of:	Street Address: 101 north Chestnut						
	P.O. Box 570						
PATIENT INFORMATION	Jefferson City 65101						
Patient Name:	City ZIP Postal Code Missouri United States						
Last First MI Suffix	State Country						
Birth date: Case ID:	Fax: 1 573 526-2754 labweb1@health.mo.gov Country Code Area Code Local Number (e.g. 6390000) Institutional e-mail						
Sex: Age Units: Age Units: Age: Age Units: Asian	Point of Contact: (Person to be contacted if there is a question regarding this order)						
Race: White Black or African American Asian American Indian and Alaska Native Native Hawaiian and Other Pacific Islander	Prefix Last First MI Suffix Degree						
Clinical Diagnosis:	Phone: Country Code Area Code Local Number (e.g. 6390000) POC e-mail						
Date of onset: Pregnancy Status:	Patient ID: Alternative Patient ID:						
Fatal: Date of Death:	Specimen ID: Alternative Specimen ID:						
SPECIMEN INFORMATION	ORIGINAL SUBMITTER (Organization that originally submitted specimen for testing)						
Specimen collected date: Time::	Name: (Laboratory Director or designee)						
Material Submitted:	Roper Stephen M PhD						
Specimen source (type): Serum	Prefix Last First MI Suffix Degree Institution name: St. Louis Children's Hospital Laboratory						
Specimen source modifier:							
Specimen source site:	Street Address: One Children's Place						
Specimen source site modifier:	2N24 Line 2						
Collection method:	St. Louis 63110						
Treatment of specimen:	City ZIP Postal Code Missouri United States						
Transport medium/Specimen preservative:	State						
Specimen handling:	Country Code Area Code Local Number (e.g. 6390000) Institutional e-mail						
CDC USE ONLY	Point of Contact: (Person to be contacted if there is a question regarding this order)						
Package ID#:	Prefix Last First MI Suffix Degree						
Delivered to Unit #: CDC Specimen	Phone: Country Code Area Code Local Number (e.g. 6390000) POC e-mail						
Opened By: Identification label	Patient ID: Alternative Patient ID:						
Unit Specimen ID#:	Specimen ID: Alternative Specimen ID:						
Date received at CDC:/	INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPHL through an intermediate agency)						
Date received at STAT:/	Name: (Laboratory Director or designee)						
Date received in testing lab:/ Time: Condition STAT Laboratory Testing Laboratory							
	Prefix Last First MI Suffix Degree Institution name:						
Outer Package Specimen Container	Street Address:						
Specimen	Street Address. Line 1						
Specimen.	Line 2						
IIII III KANA KATO PITA PITO BAGANGA PASA PATA PATA PASA PATA PANA PANA PANA PANA PANA PANA PAN	City ZIP Postal Code						
HER HILL BURGER AT DER VERSE PRESENT HER PRESENT AND PRESENT AND PRESENT HER PRESENT HER PRESENT AND PRESENT HER PRESENT HER PRESENT AND P							
	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						
IIII KAYATAYATAYATAYATAYATAYATAYATAYATAYATAYA	Patient ID: Alternative Patient ID:						
	Specimen ID: Alternative Specimen ID:						

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Patient Name:			AND/OR Original	Patient ID:					AND/OR SPHL Sp	ecimen ID:		
Last First DATIFACT LICEOPY												
PATIENT HISTORY												
BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)												
STATE OF ILLNESS		TYPE OF INFE	CTION				THER	APEUTIO	C AGENT(S) DU	JRING ILL	NESS	
Symptomatic		Upper respir				Agent Start Date End Date			End Date			
Asymptomatic		Lower respir			ous syste							
☐ Acute		☐ Cardiovascu	ılar Skin/soft tiss		ue							
Chronic		Gastrointest	tinal Ocular			2						
Convalescent		Genital		☐ Joint/bone			3					
Recovered		Urinary tract		□ Disseminate □	d	———— I						
		Other, specif	у									
EPIDEMIOLOGICAL DA	ATA											
EXTENT			TRAVEL HISTO	ORY Travel	:			Dates o	of Travel:		to	
☐ Isolated Case			Travel: Foreign (C	ountries)	Travel: United States (States)							
Carrier												
Contact							Ħ١					
Outbreak Family							Ħ١					1
Community			Foreign Residence	e (Country)				Inited State	es Residence (State	۵)		i
Healthcare-associa	ted		Toreign Residence	e (Country)			٦ř	rinted State	es Nesidence (Stati	e)		
☐ Epidemic			Note: Additional state	es or countries of res	idence or t	ravel should b	e entered	in the Brief (Clinical Summary field.			i
EVECUEE HISTORY					_				HISTORY			
EXPOSURE HISTORY Exposure:			mmunizatio		ZATION	IIISTORT		Date Received				
	Date of Expo	sure:			1 [,					
Animal	Type of Expo	sure:			'							
Common Name:					2							
Scientific Name:					3							
☐ Arthropod	Type of Expo	sure:			4							
Common Name:												
Scientific Name:												
PREVIOUS LABORATO	RY RESULTS (Or attach co	py of test results or wo	rksheet)		сом	IMENTS						
CDC CS Barcode 2	nd Prevention (CDC), an agency.	of the Department of F	ealth and Human Servic	ces, is authorized to	Barcode 3	information, is	ncluding t	the Social Sec	curity number (if applic	cable), under p	provisions of the Publi	c Health Service Act, Section
301 (42 U.S.C. 241). Supplying the community. Data will become par												

Ine Centers for Usease 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 Services 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 underestanding 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 disclosures 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.