

HUMAN

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

LABORATORY EXAMINATION REQUESTED

Additional form(s)/Info required

Test order name: Schistosomiasis Serology- CLIA

Test order code: CDC-10466

Date sent to CDC:

Suspected Agent:

At CDC, bring to the attention of:

PATIENT INFORMATION

Patient Name:

Last First MI Suffix

Birth date:

Case ID:

Sex:

Age:

Age Units:

Race:

☐

White

☐

Black or African American

☐

Asian

☐

American Indian and Alaska Native

☐

Native Hawaiian and Other Pacific Islander

Clinical Diagnosis:

Date of onset:

Pregnancy Status:

Fatal:

Date of Death:

SPECIMEN INFORMATION

Specimen collected date:

Time: --:--

Material Submitted:

Specimen source (type): Serum

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 #:

Opened By:

Unit Specimen ID#:

Date received at CDC: / /

Date received at STAT: / /

Date received in testing lab: / /

Time:

CDC Specimen
Identification label

Barcode 1

Condition

STAT Laboratory

Testing Laboratory

Outer Package

Specimen Container

Specimen

STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACE CORPS

Name: (Laboratory Director or designee)

Dr

Huff

Carly

MI

Suffix

PhD

Prefix

Last

First

MI

Suffix

Degree

Institution name: MO State Public Health Laboratory

Street Address: 101 north Chestnut

Line 1

P.O. Box 570

Line 2

Jefferson City

65101

City

ZIP Postal Code

Missouri

United States

State

Country

Fax:

1

573

526-2754

labweb1@health.mo.gov

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:

ORIGINAL SUBMITTER (Organization that originally submitted specimen for testing)

Name: (Laboratory Director or designee)

Prefix

Roper

Stephen

M

Suffix

PhD

Last

First

MI

Suffix

Degree

Institution name: St. Louis Children's Hospital Laboratory

Street Address: One Children's Place

Line 1

2N24

Line 2

St. Louis

63110

City

ZIP Postal Code

Missouri

United States

State

Country

Fax:

1

314

4544156

SLCH-Lab@bjc.org

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

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Degree

Phone:

Country Code

Area Code

Local Number (e.g. 6390000)

POC e-mail

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

Fax:

Country Code

Area Code

Local Number (e.g. 6390000)

Institutional e-mail

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Phone:

Country Code

Area Code

Local Number (e.g. 6390000)

POC e-mail

Patient ID:

Alternative Patient ID:

Specimen ID:

Alternative Specimen ID:

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

Patient Name:

AND/OR Original Patient ID:

AND/OR SPHL Specimen ID:

Last

First

PATIENT HISTORY

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

STATE OF ILLNESS

TYPE OF INFECTION

THERAPEUTIC AGENT(S) DURING ILLNESS

EXTENT

TRAVEL HISTORY

EXPOSURE HISTORY

RELEVANT IMMUNIZATION HISTORY

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

COMMENTS

CDC USE ONLY

Barcode 2

Barcode 3

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. 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.

CDC 50.34 HUMAN (Page 2)

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