## **CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN**

LABORATORY EXA	AMINATION REQUES	<b>TED</b> Addit	ional form(s)/Info required	STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE / FEDERAL AGENCY /								
Test order name:	Schistosomiasis Sero	INTERNATIONAL INSTITUTION / PEACE CORPS  Name: (Laboratory Director or designee)										
				Dr	Huff	vircetor or design	Carly			1	PhD	
Test order code:	CDC-10466	Date sent to CI	DC:	Prefix	Last	MO State Pul	First	ahoratory	MI	Suffix	Degree	
Suspected Agent:		Institut	Institution name: MO State Public Health Laboratory									
At CDC, bring to the attention of:					Street Address: 101 north Chestnut Line 1							
				-		P.O. Box 570						
PATIENT INFORMATION						Line 2  Jefferson City					65101	
Patient Name:						City		Uni	ted States		ZIP Postal Code	
Last	First		State Country									
Birth date:			Fax: 1 573 526-2754 labweb1@health.mo.g									
Sex:	Age:	Age Units:		Point of 0	Contact: (Pe	rson to be contac	ted if there is	a question regardir	g this orde	r)	,	
Race: White Black or African American Asian  American Indian and Alaska Native Native Native Hawaiian and Other Pacific Islander					Prefix Last First MI Suffix Degree						Degree	
Clinical Diagnosis:					Phone:							
Date of onset:		Pregnancy Stat	:us:			Country Code	Area Code	Local Number (e.g.		POC e-mail		
Fatal:		Date of Death:			ent ID:			Alternative		<u> </u>		
		-		Specin	nen ID:			Alternative Sp	ecimen ID:			
Specimen colle			Time::	ORIGIN	AL SUBM	IITTER (Organizati	ion that originall	y submitted specimen fo	r testing)			
Specimen colle	ial Submitted:		Time::	Name: (L		Director or design	_			1 —	] [81.5	
	source (type): Serum			Prefix	Roper Last		Steph	en	М	Suffix	PhD Degree	
Specimen sou				Institut	ion name:	St. Louis Chile	dren's Hospi	tal Laboratory				
	en source site:			Stree	t Address:	One Children's Place						
Specimen source						Line 1 2N24						
	ction method:					Line 2					52440	
	t of specimen:					St. Louis					63110 ZIP Postal Code	
Transport mediu						Missouri State		Uni	ted States			
	preservative:				Fax:	1	314	4544156		SLCH-L	_ab@bjc.org	
Specin	nen handling:			Point of (	Contact: (Po	Country Code	Area Code	Local Number (e.g.		Institutional (	e-mail	
CDC USE ONLY				Tourit di	contact. (Fe	13011 to be contac	Tied if there is	a question regardi		ï	]	
Package ID#:		/		Prefix	Last	1	First 314	4544268	МІ	Suffix	Degree	
Delivered to Unit #: _			CDC Specimen		Phone:	Country Code	Area Code	Local Number (e.g.	6390000)	POC e-mail		
Opened By:			Identification label	Pati	ent ID:			Alternative	Patient ID:			
Unit Specimen ID#:		_ (		Specin	nen ID:			Alternative Sp	ecimen ID:			
	:/			INTERN	MEDIATE S	SUBMITTER (Co	mplete if specin	nen is submitted to SPHL	through an ir	ntermediate a	agency)	
Date received at STAT						Director or design			_			
Date received in testing			ne:									
Condi		boratory	Testing Laboratory	Prefix Institut	Last ion name:		First		MI	Suffix	Degree	
Outer Packa												
	ontainer			Stree	t Address:	Line 1						
Specimen				4		Line 2						
<b>三川州東門紀</b> 郡	er broken karan er ka		katu kirika kata kata kata kata kata kata kata k									
		<u> </u>	(G2)4 <b>25</b> 0062 <b>8</b> 1111			City				Z	ZIP Postal Code	
	1,467,464,0 <b>64</b> ,0	<b>[}</b> /,    <b> </b>	(/406- <b>/3</b> 0 <b>0-0-0-1</b> 111		_	State		Country	,			
					Fax:	Country Code	Area Code	Local Number (e.g.	6390000)	Institutional (	e-mail	
				Point of 0	Contact: (Pe	rson to be contac	ted if there is	a question regardin	ng this orde	r)	1	
	YK! XXIIWXXIXXE			Prefix	Last		First		MI	Suffix	Degree	
	YB#[+B#[4B#[46#		YAWEYAWEK, K <b>II</b> III		Phone:	Country Code	Area Code	Local Number (e.g.	6300000/	POC e-mail		
	%# <u>C</u> %#C%#C%#		\$\\[\ <b>\</b>	D- (	ont ID:	Country Code	Area Code			FOC e-mail		
	ZANETOĽKO ĽBAK				ent ID:			Alternative Sp		H		
				1 Specin	ien iD.			Aiternative Sp	ecimen ID:			

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN												
Patient Name:			AND/OR Original	Patient ID:					AND/OR SPHL Sp	ecimen ID:		
PATIENT HISTORY	First											
BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)												
BRIEF CLINICAL SUM	<b>↑ARY</b> (Include signs, sympton	ns, and underlying illne	sses if known)									
STATE OF ILLNESS	ECTION				THERAPEUTIC AGENT(S) DURING ILLNESS							
Symptomatic Upper res					Age					End Date		
_ ' '						ous system 1						
☐ Acute	☐ Cardiovascular ☐ Skin/soft tiss			ue 2								
Chronic	Gastrointestinal Ocular			2								
Convalescent	Genital Joint/bone			3								
		_ ′	Urinary tract Disseminated			——————————————————————————————————————						
Other, speci			у									
EPIDEMIOLOGICAL DATA												
EXTENT			TRAVEL HISTORY Travel:				Dates of Travel: to					
☐ Isolated Case			Travel: Foreign (C		Travel: Ur			nited States (States)				
Carrier												
Contact												
Outbreak Family					Ħ١					1		
Community			Foreign Residence (Country)				United States Residence (State)					i
Healthcare-associa	ted		Toreign Residence		Officed 3th			ates residence (state)				
☐ Epidemic			Note: Additional state	ravel should b	ould be entered in the Brief Clinical Summary field.					i		
EXPOSURE HISTORY	Expo				_							
EXPOSORE HISTORY		RELEVANT IMMUNIZATION  Immunization(s)			ZATION	IIISTORT		Date Received				
Date of Exposure:		sure:	E .			1						
Animal	Type of Expo	sure:			'							
Common Name:					2							
Scientific Name:						3						
☐ Arthropod	Type of Expo	sure:			4							
Common Name:												
Scientific Name:												
PREVIOUS LABORATORY RESULTS (Or attach copy of test results or worksheet)  COMMENTS												
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.