**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES**
Public Health Service
Centers for Disease Control and Prevention (CDC)
National Center for Infectious Diseases
Atlanta, Georgia 30333

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

Reset Form

STUDY ID: _____ STATE CONTACT PERSON & PHONE NO.: _____

(for CDC Use Only)

| CDC LAB. CODE | CDC NUMBER | DATE RECEIVED Mo. Da. Yr. |
|---|---|---|
| | | |

*Justification must be completed by State health department laboratory before specimen can be accepted by CDC. Please check the first applicable statement and when appropriate complete the statement with the*.*

1. Disease suspected to be of public health importance. Specimen is:
   - (a) ☐ from an outbreak.
   - (b) ☐ from uncommon or exotic disease.
   - (c) ☐ an isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a normally sterile site(s)
   - (d) ☐ from a disease for which reliable diagnostic reagents or expertise are unavailable in State.
2. ☐ Ongoing collaborative CDC/State project.
3. ☐ Confirmation of results requested for quality assurance.

*Prior arrangement for testing has been made. Please bring to the attention of:
(name) _____

Name, Address and Phone Number of Physician or Organization:

STATE HEALTH DEPT. NUMBER: _____ STATE LOC: _____

DATE SENT TO CDC: Mo. Da. Yr. _____ Completed by: _____

**PATIENT IDENTIFICATION NUMBER:** _____

Have specimens from this patient been submitted previously ☐ YES ☐ NO

BIRTHDATE OR AGE _____ Mo. Da. Yr. SEX: ☐ M ☐ F

RACE: White ☐ Black ☐ Asian or Pacific Islander ☐ American Indian or Alaska Native ☐ Not Specific ☐

ETHNICITY: Hispanic ☐ Non-Hispanic ☐ Not Specific ☐

CLINICAL DIAGNOSIS:

ASSOCIATED ILLNESS:

DATE OF ONSET: Mo. Da. Yr. FATAL? ☐ YES ☐ NO

**LABORATORY EXAMINATION REQUESTED:** ☐ **AN**timicrobial Susceptibility ☐ **ID**entification ☐ **IS**olation ☐ **HI**stology ☐ **OT**her (Specify) _____ ☐ **SE**rology (Specific Test) _____

**CATEGORY OF AGENT SUSPECTED:** ☐ **BA**cterial ☐ **VI**ral ☐ **FU**ngal ☐ **RI**ckettsial ☐ **PA**rasitic ☐ **OT**her (Specify) _____

**SPECIFIC AGENT SUSPECTED:** _____

**OTHER ORGANISM(S) FOUND:** _____

**ISOLATION** ☐ YES ☐ NO **NO. TIMES ISOLATED:** _____

**SPECIMEN SUBMITTED IS:** ☐ **O**riginal **M**aterial ☐ **P**ure **I**solate ☐ **M**ixed **I**solate

**DATE SPECIMEN TAKEN:** Mo. Da. Yr.

**ORIGIN:** ☐ **SO**il ☐ **FO**od ☐ **AN**imal (Specify) _____ ☐ **HU**man ☐ **OT**her (Specify) _____

**SOURCE OF SPECIMEN:** ☐ **BL**ood ☐ **SE**rum ☐ **CSF** ☐ **ST**ool ☐ **SP**utum ☐ **UR**ine ☐ **GA**stric ☐ **HA**ir ☐ **SK**in ☐ **TH**roat
☐ **WO**und (Site) _____
☐ **EX**udate (Site) _____
☐ **TI**ssue (Specify) _____
☐ **OT**her (Specify) _____

**SUBMITTED ON:** ☐ **EG**g ☐ **TI**ssue Culture (Type) _____
☐ **AN**imal (Specify) _____
☐ **ME**dium (Specify) _____
☐ **OT**her (Specify) _____

**SERUM INFORMATION:** Mo. Da. Yr. Mo. Da. Yr.
☐ **AC**ute _____ ☐ **S3** _____

**IMMUNIZATIONS:** Mo. Da. Yr.
_____
_____
_____

**TREATMENT:**

| Drugs Used: | DATE BEGUN Mo. Da. Yr. | DATE COMPLETED Mo. Da. Yr. |
|---|---|---|
| | | |
| | | |
| | | |

**CLINICAL TEST RESULTS:**

Sputum and Histological Findings: _____

Blood Counts: _____ Stool/Urine Exams: _____

| Type Skin Tests Performed: | Mo. Da. Yr. | Strength | Pos. | Neg. |
|---|---|---|---|---|
| | | | ☐ | ☐ |
| | | | ☐ | ☐ |

**SIGNS AND SYMPTOMS:**
☐ **FE**ver
Maximum Temperature: ____
Duration: _____ Days
☐ **CH**ills

**SKIN:**
☐ **MA**culopapular
☐ **HE**morrhagic
☐ **VE**sicular
☐ **E**rythema **N**odosum
☐ **E**rythema **M**arginatum
☐ **OT**her _____

**RESPIRATORY:**
☐ **RH**initis
☐ **PU**lmonary
☐ **PH**aryngitis
☐ **CA**lcifications
☐ **O**titis **M**edia
☐ **PN**eumonia (type) _____
☐ **OT**her _____

**CARDIOVASCULAR:**
☐ **MY**ocarditis
☐ **PE**ricarditis
☐ **EN**docarditis
☐ **OT**her _____

**GASTROINTESTINAL:**
☐ **DI**arrhea
☐ **BL**ood
☐ **MU**cous
☐ **CO**nstipation
☐ **AB**normal Pain
☐ **VO**miting
☐ **OT**her _____

**CENTRAL NERVOUS SYSTEM:**
☐ **HE**adache
☐ **ME**ningismus
☐ **MI**crocephalus
☐ **HY**drocephalus
☐ **SE**izures
☐ **CE**rebral Calcification
☐ **CH**orea
☐ **PA**ralysis
☐ **OT**her _____

**MISCELLANEOUS:**
☐ **JA**undice
☐ **MY**algia
☐ **PL**eurodynia
☐ **CO**njunctivitis
☐ **CH**orioretinitis
☐ **SP**lenomegaly
☐ **HE**patomegaly
☐ **L**iver **A**bscess/cyst
☐ **LY**mphadenopathy
☐ **MU**cous Membrane Lesions
☐ **OT**her _____

**STATE OF ILLNESS:**
☐ **SY**mptomatic
☐ **AS**ymptomatic
☐ **SU**bacute
☐ **CH**ronic
☐ **DI**sseminated
☐ **LO**calized
☐ **EX**traintestinal
☐ **OT**her _____

**EPIDEMIOLOGICAL DATA:**
☐ **SI**ngle Case ☐ **SP**oradic ☐ **CO**ntact ☐ **EP**idemic ☐ **CA**rrier

Family Illness: _____

Community Illness: _____

**Travel and Residence (Location):** Mo. Da. Yr.
☐ **Foreign:** _____
☐ **USA:** _____

Animal Contacts (Species): _____

Arthropod Contacts: ☐ **NO**ne ☐ **EX**posure Only ☐ **BI**te

Type of Arthropod: _____

Suspected Source of Infection: _____

**PREVIOUS LABORATORY RESULTS/OTHER CLINICAL INFORMATION**:
(Information supplied should be related to this case and/or specimen(s) and relative to the test(s) requested.

The types of specimens usually sent to CDC laboratories are serum specimens, reference cultures, or clinical specimens. To assist State health department laboratories and others in obtaining the information on the request form that NCID requires, the following tabulation for each of the 3 types of specimens should serve as a guide.

## SERUM SPECIMENS

| Required | Useful |
|---|---|
| Laboratory exam requested | Clinical information |
| Specific agent suspected | Signs, symptoms, etc. |
| Serum information* | |
| Immunization* | |
| Treatment* | |
| Epidemiologic data* | |
| Previous lab results | |

## REFERENCE CULTURES

| Required | Useful |
|---|---|
| Laboratory exam requested | Isolation attempted |
| Category of agent suspected | Date specimen taken |
| Specific agent suspected | Number times isolated |
| Kind of specimen | Other clinical information |
| Origin of specimen | Clinical test results |
| Source of specimen | Signs, symptoms, etc. |
| Submitted on what medium | Other organisms found** |
| Previous lab results | Epidemiologic data* |
| Biochemical reaction (can be attached on a separate sheet) | Treatment* |

## CLINICAL SPECIMENS

| Required | Useful |
|---|---|
| Laboratory exam requested | Other clinical information |
| Category of agent suspected | Clinical test results |
| Specific agent suspected | Signs, symptoms, etc. |
| Specimen submitted is | |
| Date specimen taken | |
| Source of specimen | |
| Epidemiologic data* | |
| Previous lab results | |

The Reference and Disease Surveillance Booklet should be consulted for special requirement.

**Exercise good judgement to determine the relevance of these items.* Paired sera are required for viral and bacterial disease serology, a single serum is required for mycotic and parasitic diseases and for syphilis serology (congenital syphilis excepted). In all instances the date(s) of collection of serum specimens must be provided. Immunization history is required when such information relates to the serology requested, i.e., required for polio, measles, etc., not required for histoplasmosis, echinococcosis, etc. Information on treatment, such as administration of immune serum or globulin, antibiotics, etc., is often of great benefit when doing serology or identifying reference cultures. As much relevant epidemiologic data as can be obtained should be provided. History of travel and animal or arthropod contacts are required for those RDS in which this kind of information is clearly necessary. If any required item of information is not available after efforts have been made to obtain it, please so indicate.

**Bacterial cultures representing growth of a single or a few colonies on the same primary isolation agar plates from which the principal pathogen has been isolated and identified should not be submitted for identification unless clinical findings or other justification support such submissions.



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