



Laboratory Outreach Communication System (LOCS) Call

Office of Laboratory Systems and Response (OLSR)

20 April 2026, at 3:00 P.M. ET

Thank you for joining, we will begin the call momentarily. This call will be recorded.



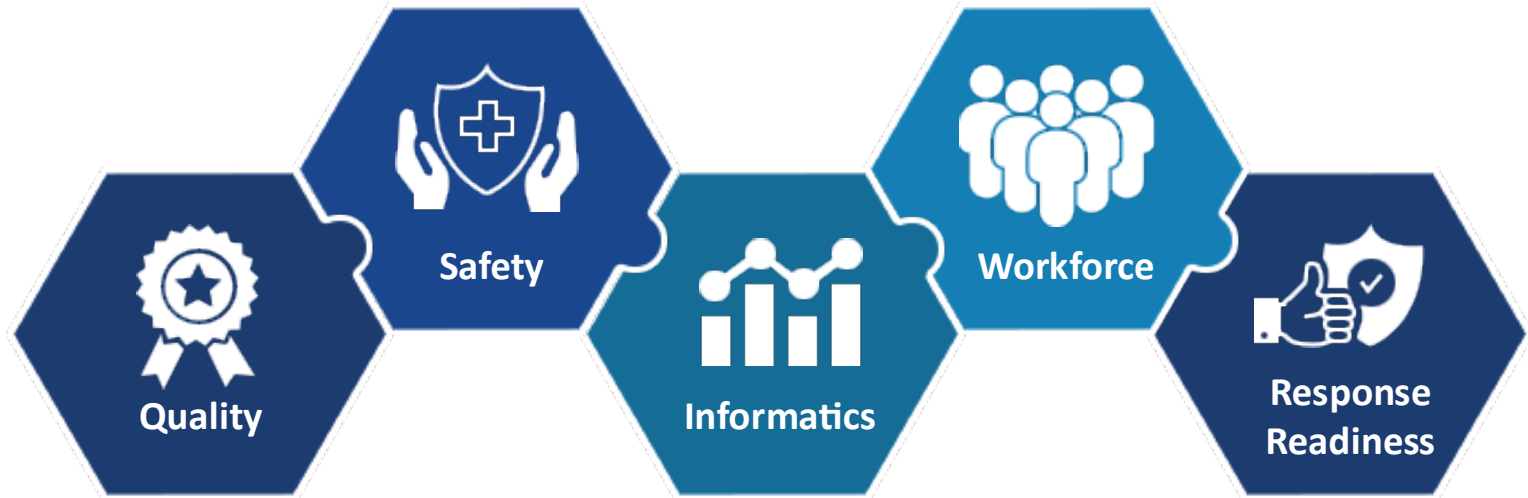
**LABORATORY
PROFESSIONALS
SAFEGUARD HEALTH.**



Agenda

- **Welcome & Announcements**
 - Jasmine Chaitram, CDC, Office of Laboratory Systems and Response (OLSR)
- **Measles Update**
 - Sara Elizabeth Oliver and Jessica Prince Guerra, CDC Measles Response Team
- **Virtual Reality Training on Specimen Handling**
 - Joseph Rothschild, CDC Division of Laboratory Systems (DLS)
- **Specimen Submission to CDC**
 - Valerie Albrecht, CDC OLSR

Office of Laboratory Systems and Response (OLSR)



LOCS Calls

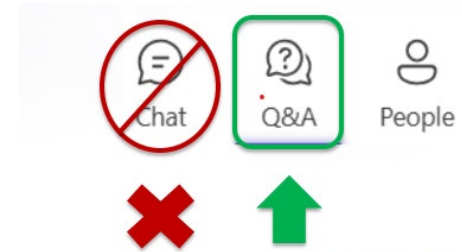
- **On this page, you find:**
 - LOCS Call Information
 - Transcripts
 - Slides
 - Audio Recordings

[LOCS Calls and Archive | LOCS | CDC](#)

The screenshot shows the 'Laboratory Outreach Communication System (LOCS)' page. At the top, there is a blue header with the CDC logo, the title 'Laboratory Outreach Communication System (LOCS)', a search bar, and a dropdown menu labeled 'EXPLORE THIS TOPIC'. The main content area is titled 'LOCS Calls and Archive' and includes an 'Overview' section. The overview text states that CDC's Office of Laboratory Systems and Response (OLSR) convenes regular LOCS calls with clinical laboratories and other audiences. It also provides information on how to submit questions and how to join from various devices. A meeting ID (211 777 413 061 1) and passcode (eD3Ks6nX) are listed. Below this, there are links for downloading the Microsoft Teams app on Windows, Android, and iOS. At the bottom of the screenshot, there is a search bar and a dropdown menu for 'Year' set to 'All years', with a '75 results' indicator.

How to Ask a Question

- All participants are muted and chat feature is disabled
- Using the Microsoft Teams System
 - Click the Q&A button in the Microsoft Teams meeting
 - Type your question in the Q&A box and submit it
 - **Please do not submit a question using the chat button**
 - For non-laboratory testing questions, please contact CDC-INFO at cdc-infostaff@cdc.gov
 - For media questions, please contact CDC Media Relations at media@cdc.gov
 - If you are a patient, please direct any questions to your healthcare provider



Announcements

Access to ISO 35001:2019—Biorisk Management for Laboratories

- **If your institution is interested in receiving access to ISO 35001:2019**
 - Designate a point of contact (POC) responsible for biorisk management at your institution (e.g., laboratory director, biosafety officer, etc.)
 - POC will email the DLS Biosafety mailbox (DLSBiosafety@cdc.gov) expressing interest and include your institution's name and address
 - POC will be notified if your institution is approved and coordinate distribution using the names, email addresses, and job titles of individuals who should receive access
 - If you have any questions or require further information, contact DLS at DLSBiosafety@cdc.gov

Measles Update, April 2026

Measles Response Team



2025 MEASLES RESPONSE

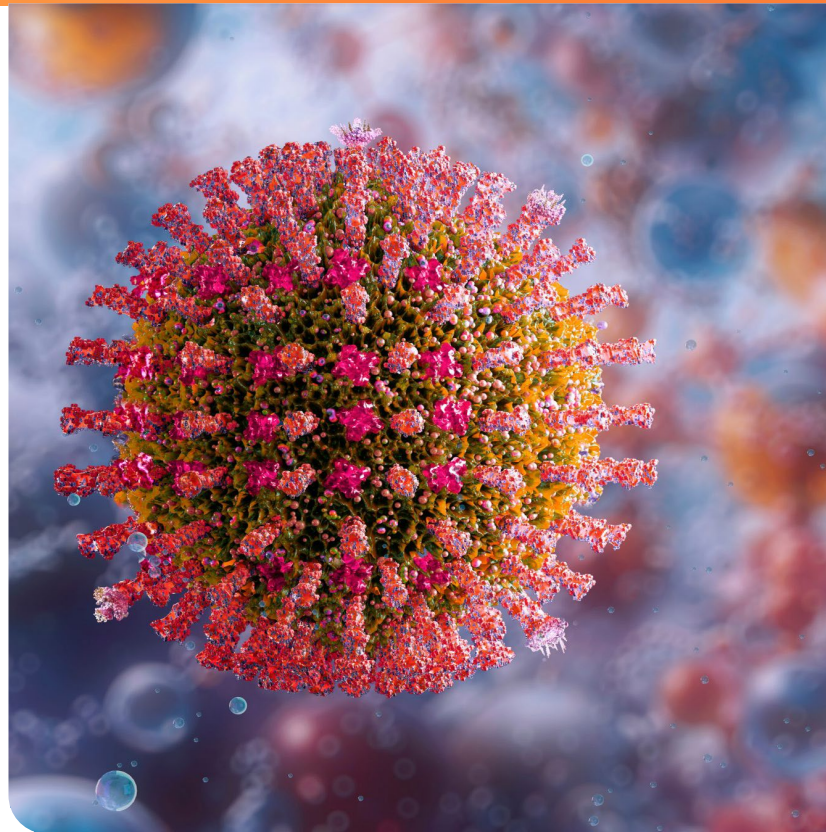
Laboratory Outreach Communications System (LOCS) Partner Call

Capt. Sara Oliver, MD

Senior Science Advisor

Jessica Prince-Guerra, PhD

Laboratory Task Force Scientific Advisor

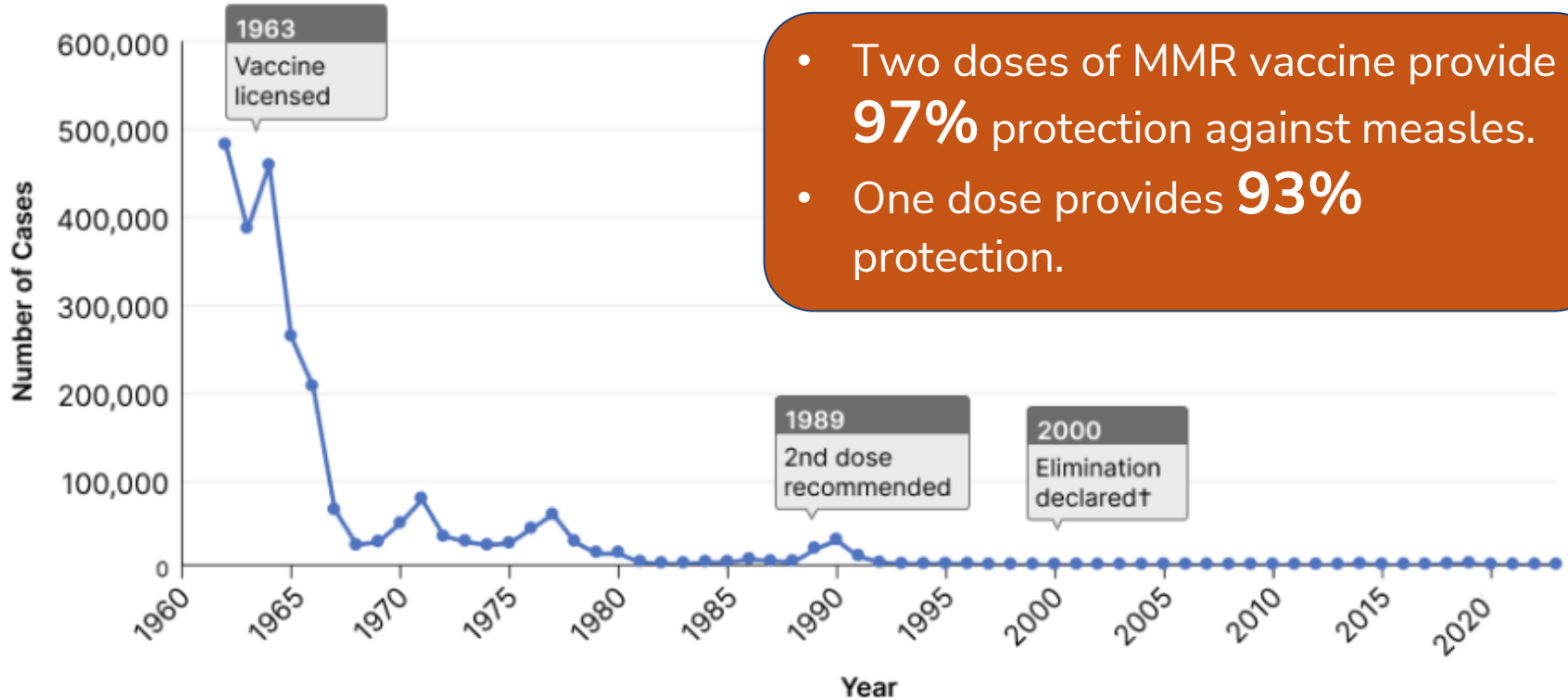




Situational Update

Update weekly from
<https://www.cdc.gov/measles/data-research/index.html>

History of Measles Cases in the U.S., 1962–2023



†Measles was declared eliminated in the U.S. in 2000 by WHO/PAHO. Elimination is defined as the absence of endemic measles transmission in a region for ≥12 months in the presence of a well-performing surveillance system.

Annual Measles Cases, United States, 2000-2026

2000–Present*

2,500 measles cases

2,000

1,500

1,000

500

0

2001

2006

2011

2016

2021

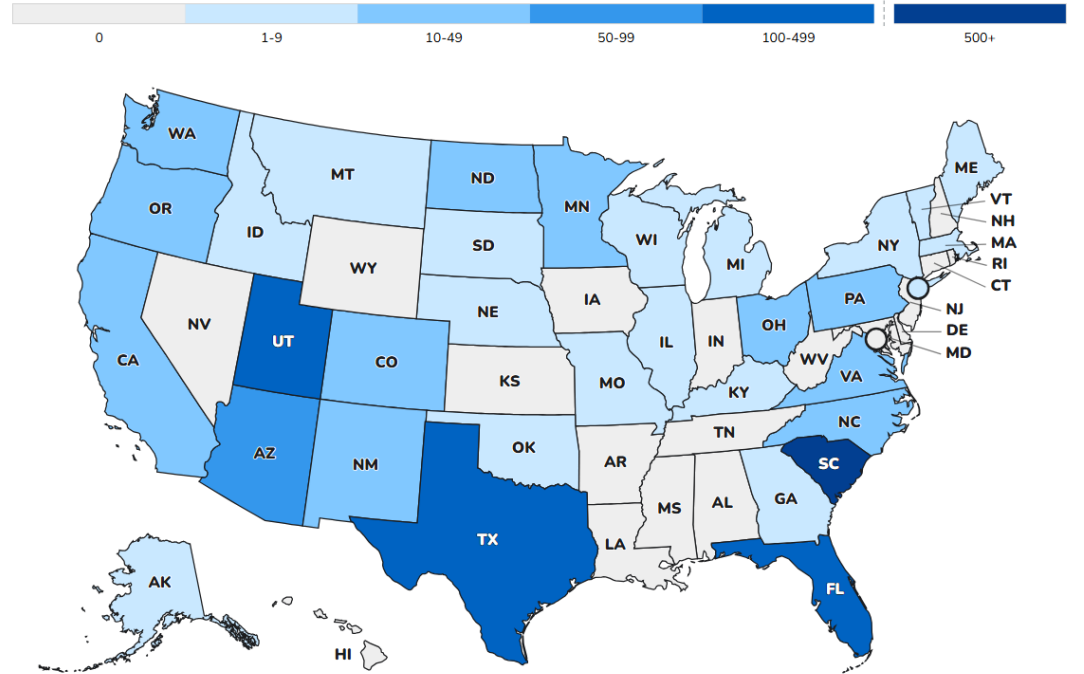
2026

[Measles Cases and Outbreaks | Measles \(Rubeola\) | CDC](#)

*2026 data as of April 9, 2026

AS OF APRIL 16, 2026,

**1,748 confirmed
measles cases have
been reported across
33 jurisdictions in the
United States**

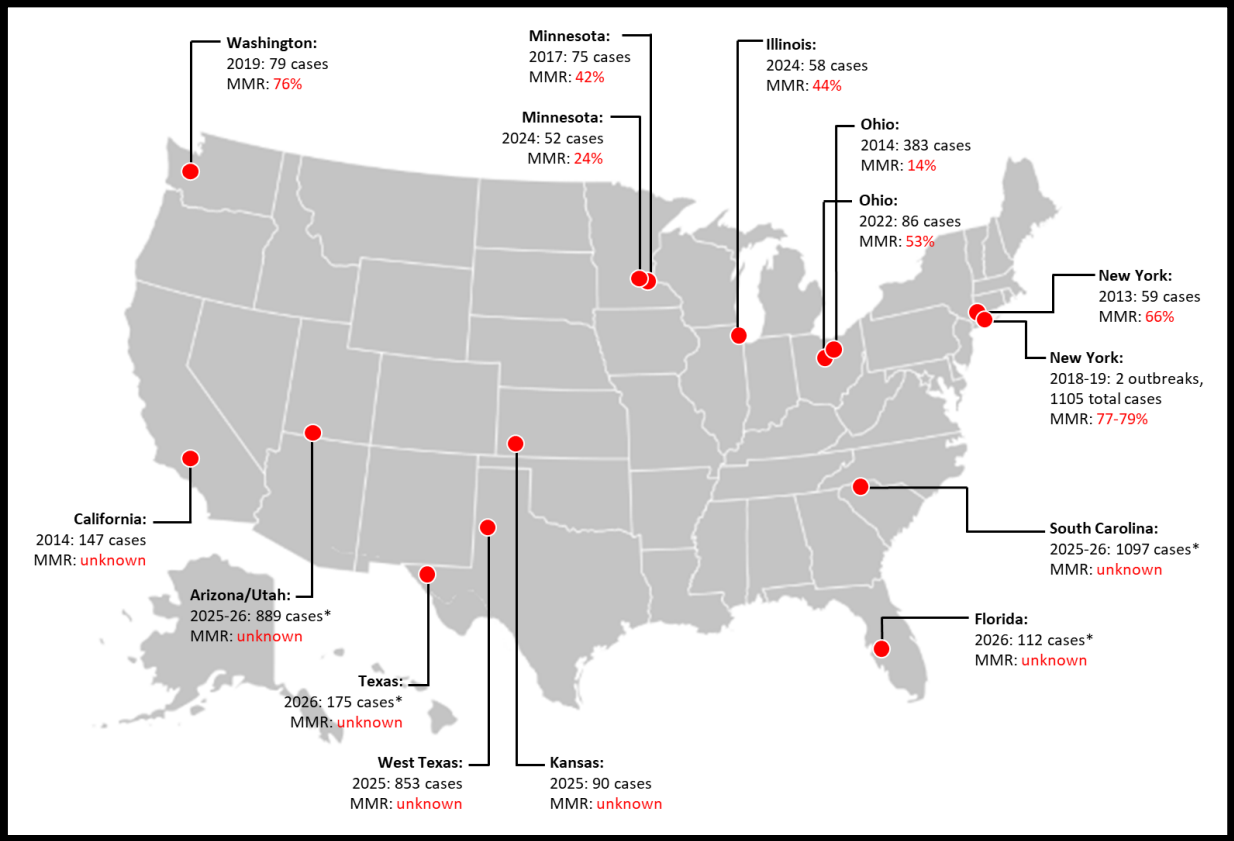
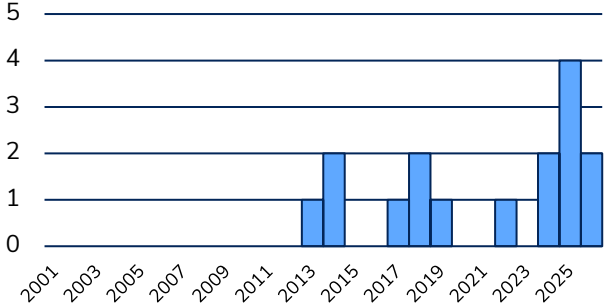


Epidemiology of U.S. measles cases: in 2025 (n=2,287) and in 2026 (n=1,714)

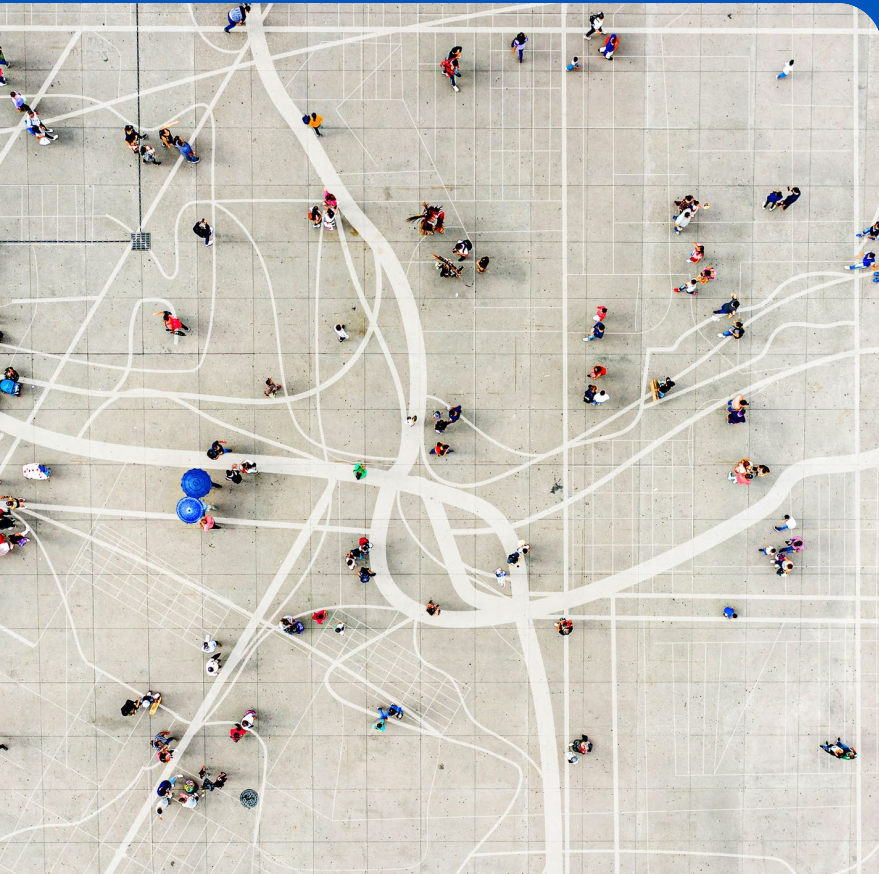
	2025 (full year of 2025)	2026 (as of April 9 th , 2026)
Age		
Under 5 years	584 (26%)	354 (21%)
5-19 years	1,015 (44%)	888 (52%)
20+ years	675 (29%)	467 (27%)
Age unknown	13 (1%)	5 (0%)
Vaccination Status		
Unvaccinated or Unknown	93%	92%
One MMR dose	3%	4%
Two MMR doses	4%	4%
Hospitalizations	11% of cases (243 of 2,287) for management of measles complications	6% of cases (96 of 1,714) for management of measles complications
Deaths	2 in Texas and 1 in New Mexico	0

Nearly all large (>50 case) outbreaks more in closeknit communities with low vaccination coverage (2000 – 2026)

Number of Large Outbreaks
(*50+ cases)



* Outbreaks with 50 or more measles cases, 2000-2026
Data as of April 9, 2026



Clinical Testing

Establishing a Measles Diagnosis

For clinicians seeing patients with measles compatible symptoms, consider the following:



Clinical
Case Definition



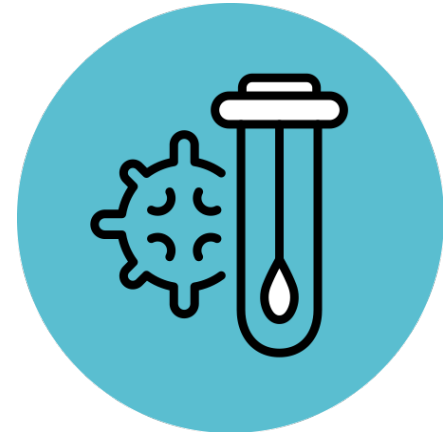
Vaccination
History






Travel or Exposure
History in Prior 21 days

Testing for measles




- Diagnostic evaluation of measles should include:
 - Both molecular testing (rRT-PCR) from NP/OP swab and serology (IgM)
 - If the testing is >3 days after rash onset, consider getting NP/OP *and* urine for rRT-PCR, to improve sensitivity
 - Consulting public health authorities early when measles is suspected can help ensure that the right tests are done, and specimens are routed appropriately



Measles testing with **RT-PCR** is preferred.

	Measles Tests	When to Collect?
Acute Disease	PCR Nasopharyngeal (NP) or Throat (OP) Swab 	As soon as possible upon suspicion of measles: ideally 0-3 days after rash onset, up to 10 days after rash onset.
	PCR Urine 	Within 10 days of rash onset <i>*Collecting a urine specimen along with an NP/OP swab may improve test sensitivity, especially if at the end of the PCR detection window.</i>
	IgM Serum 	Collect with specimen for PCR. Can be negative up to 3 days after rash onset. IgM can be detected for 6-8 weeks after acute measles.

Measles **IgM** antibody testing has limitations and should be used **with RT-PCR**.

	Measles Tests	When to Collect?
Acute Disease	PCR Nasopharyngeal (NP) or Throat (OP) Swab 	As soon as possible upon suspicion of measles: ideally 0-3 days after rash onset, up to 10 days after rash onset.
	PCR Urine 	Within 10 days of rash onset <i>*Collecting a urine specimen along with an NP/OP swab may improve test sensitivity, especially if at the end of the PCR detection window.</i>
	IgM Serum 	Collect with specimen for PCR. Can be negative up to 3 days after rash onset. IgM can be detected for 6-8 weeks after acute measles.

IgM testing alone can pose challenges in settings with low measles incidence.

- Cross-reactivity with other causes of febrile rash illness has been documented*
- False positive results are more common when the likelihood of measles is low:
 - There isn't local active transmission and patients have not traveled[†]
 - Patients without known exposure have been fully vaccinated

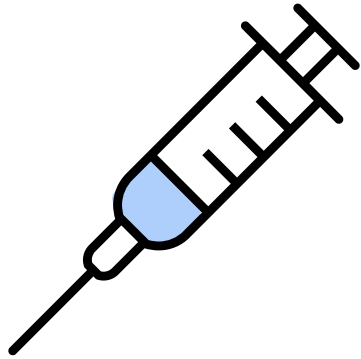


*Jenkerson SA et al. *N Engl J Med.* 1995;332(16):1103-1104.

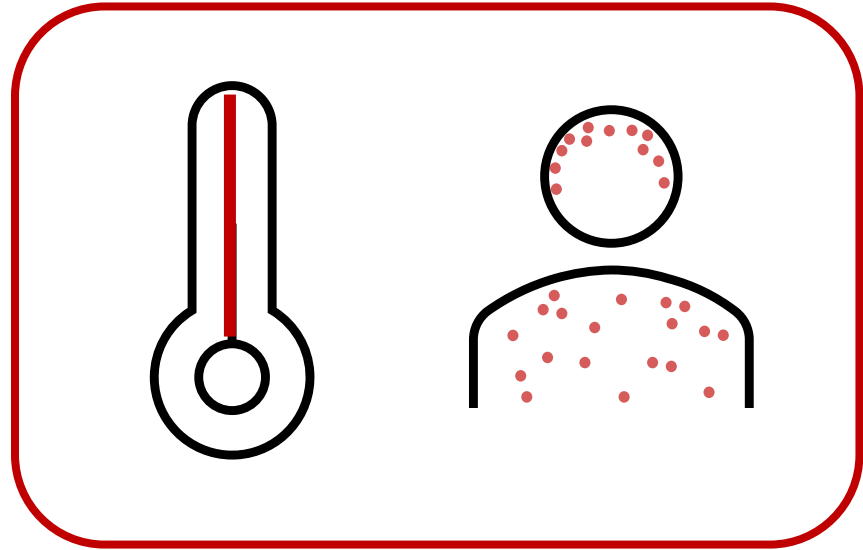
[†]Ciccone FH et al. *Rev Soc Bras Med Trop.* 2010;43(3):234-239.

Hiebert J et al. *J Clin Microbiol.* 2021;59(6):e03161-20.

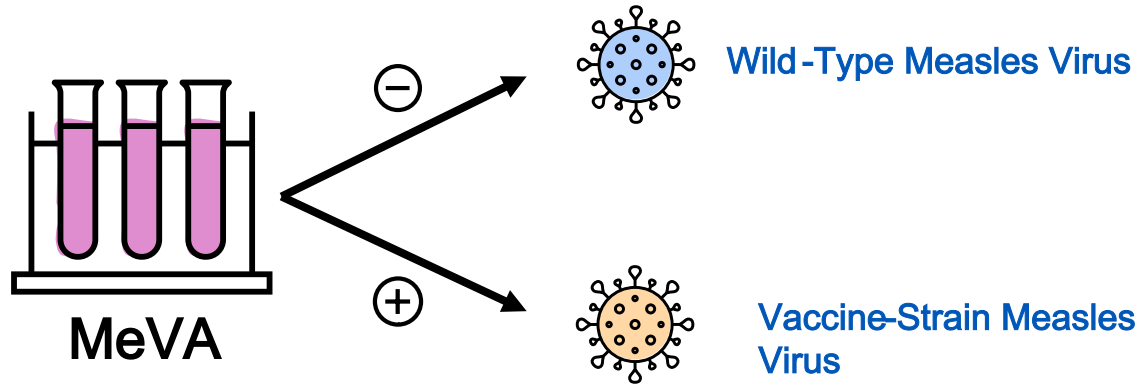
After MMR vaccination, some people develop **fever and rash** that appears similar to a measles infection.



~1–5% of
persons



Measles Vaccine Assay (MeVA) detects vaccine-strain measles virus and can distinguish between detection of vaccine strain vs wild-type virus



MeVA testing should be performed when there is epidemiologic risk of measles infection in a recent vaccine recipient.

- Testing a person with mild fever and rash after recent vaccination is not necessary if there is no epidemiologic risk of measles
- If there is epidemiologic risk (international travel, local outbreak, known exposure), MeVA should be performed after standard RT-PCR

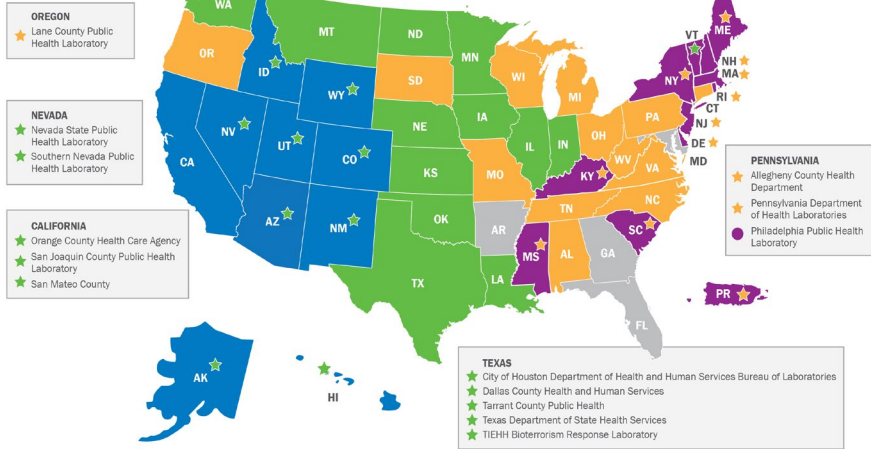


VPD surveillance and testing

- **Four national Vaccine Preventable Diseases Reference Centers (VPD RCs) established in 2013 to provide**
 - standardized diagnostic testing
 - genetic characterization for select VPDs to support jurisdictions & CDC
- **VPD RC services have expanded and diversified**
 - measles vaccine specific PCR assay (MeVa)
 - mumps (molecular) and VZV (serology and molecular testing)
 - adenovirus and enterovirus surveillance
 - genetic characterization of measles and mumps

Viral Vaccine Preventable Diseases Reference Centers and Testing

ENROLLED PHL VPD RC ASSIGNMENTS: VIRAL AND BACTERIAL



Viral VPD Reference Centers (RCs)

- California Department of Public Health Laboratory
- Minnesota Department of Health
- New York State Department of Health (Wadsworth Center)
- Wisconsin State Laboratory of Hygiene

Bacterial VPD RCs (assignments if different than the Viral VPD RC)

- Minnesota Department of Health
- Wisconsin State Laboratory of Hygiene

California	Minnesota	New York	Wisconsin
Type of Diseases, Pathogen Name		CoAg Year, CoAg Quarter	
Viral Diseases		2024 - 2025	

1,335

Specimens Received

1,528

Total Tests Run

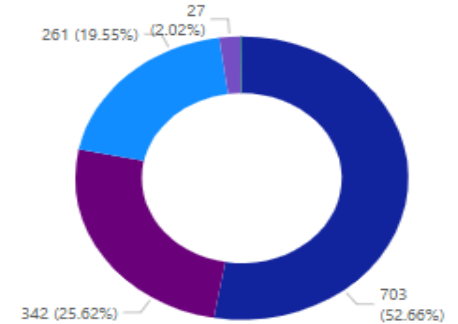
776

Total Positive Specimens

Number of Specimens Received by Pathogen

Pathogen

- Measles
- Varicella-zoster Virus
- Mumps
- Rubella
- Adeno



Last Refresh Date: 5/29/2025 2:35:38 AM

Questions about measles lab testing



Measles (Rubeola)

EXPLORE THIS TOPIC ▾

SEARCH

Laboratory Testing for Measles



For Public Health
JUNE 12, 2024

KEY POINTS

- CDC recommends the collection and submission of samples for all suspected measles cases.
- Nasopharyngeal or throat swabs are preferred over urine specimens.
- Get information about collection, storage, and shipment of U.S. or international specimens.



<https://www.cdc.gov/measles/php/laboratories/index.html>

Questions about measles lab testing

Specimen shipping to CDC

If instructed to send specimens to CDC from within the United States, you must download and complete the CDC [Specimen Submission Form \(50.34\)](#). Please fill out a form for each specimen submitted. Submitters are encouraged to use the [CDC Specimen Test Order and Reporting \(CSTOR\) Web Portal](#) to submit specimens.

Provide the following for **domestic** and **international** shipments:

Submitting specimens

In addition to the information found on the CDC Infectious Diseases Laboratories Test Directory entry for each test, follow the guidance below for specimen collection and shipping. The instructions also include points of contact for the tests.

Measles – Recommendations for Testing for Clinicians

Measles is a mandatory, immediately notifiable disease. Please report confirmed and probable cases of measles to your local health department.						
	Preference	Test	Specimen	Indication	Timing	Notes
	Preferred Test	RT-PCR	Nasopharyngeal (NP) or throat (OP) swab (preferred) Urine can be	Acute Disease	<ul style="list-style-type: none">A specimen for detection of virus should be collected as soon as possible upon suspicion of measles.Specimen should be ideally collected within 3 days after rash onset but can be collected up to 10 days.	<ul style="list-style-type: none">NP/OP swab collected <3 days after rash onset is the preferred specimen. Ideally, RT-PCR should be performed for all suspect measles cases identified within 10 days of rash onset.Collecting a urine specimen along with an NP/OP swab may improve test sensitivity, especially if at the end of

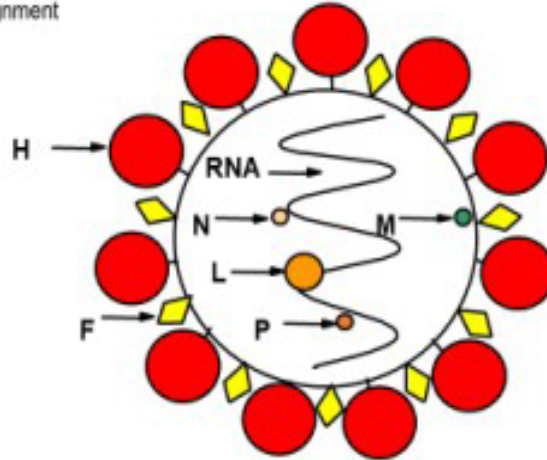
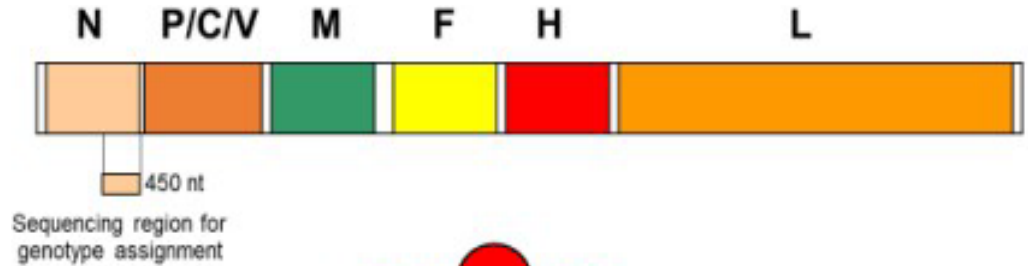
<https://www.cdc.gov/measles/php/laboratories/index.html>

Measles Virus (15,894 nucleotides)

Measles virus is more conserved than other RNA viruses.

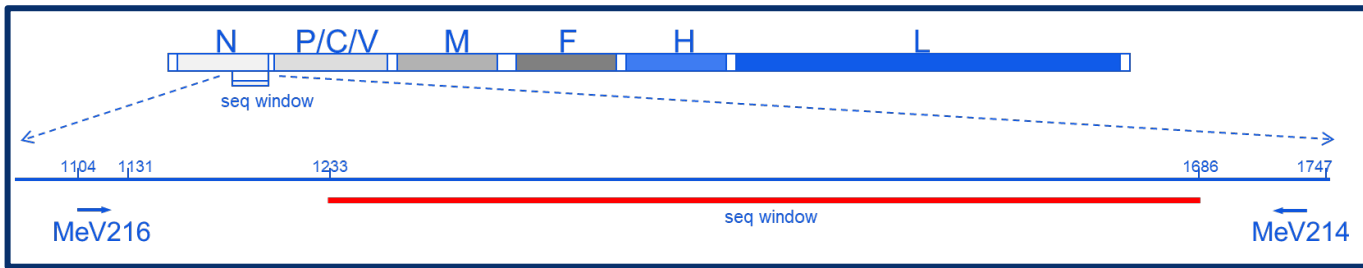
N450 sequencing determines the genotype and the distinct sequence ID (DSId)

Only B3 and D8 wild-type genotypes detected since 2021



- N, Nucleocapsid
- P, Phosphoprotein
- M, Matrix protein
- F, Fusion protein
- H, Hemagglutinin
- L, Large protein

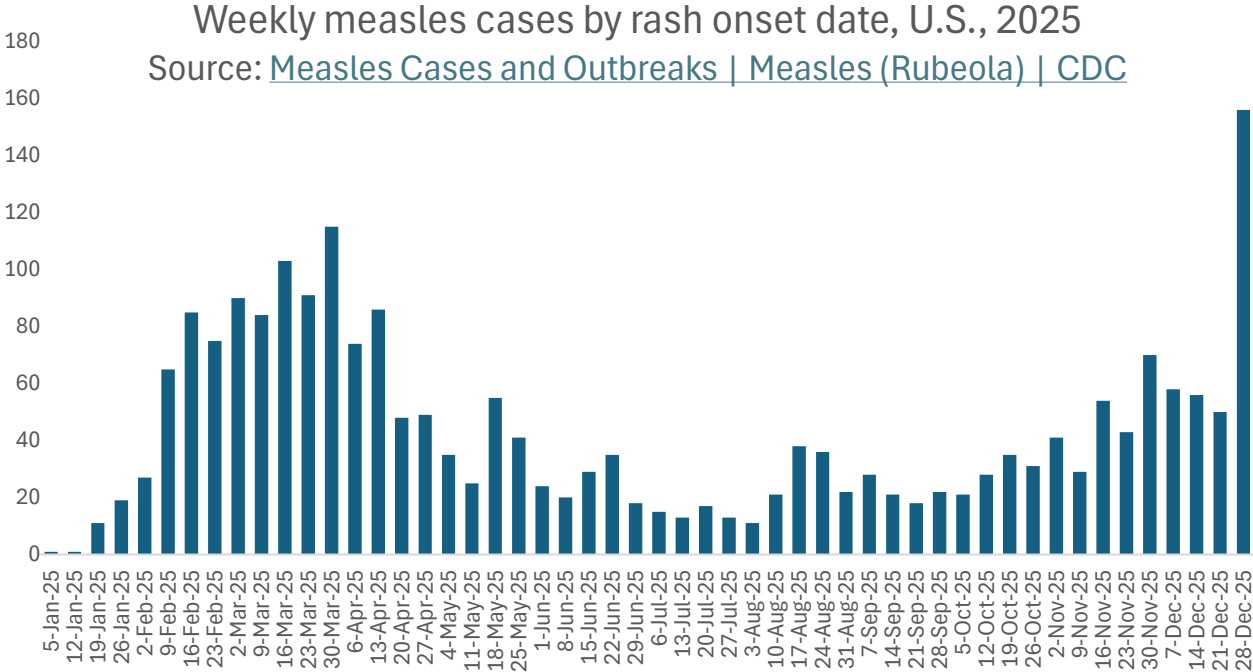
Measles N450 genotyping



- Targets a 450-nucleotide fragment of the nucleoprotein (N) gene of the measles virus
 - Global standard method for genotyping measles viruses
- Distinct Sequence Identifier (DSId) is assigned to each sequence
 - Unique integer assigned to each unique sequence of the measles virus N-450 region.
 - Assigned using the Measles Nucleotide Surveillance database (MeaNS2)
- Identifies variations within genotypes to help track transmission patterns and support epidemiological investigations.
- **There are limitations to N450 genotyping. In the past the diversity within N450 sequencing data was sufficient to discern between chains of transmission. However, there has been an overall global consolidation in measles genotypes over time with only D8 and B3 genotypes in global circulation.**

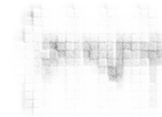
Measles Cases Reported in 2025

- A majority of cases sequenced during 2025 were the same N450 sequence, genotype D8-9171



Whole genome sequencing can help but is best interpreted in combination with epidemiological information

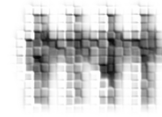
- Whole genome sequencing allows for better resolution of transmission chains than genotype alone.
- Highly distinct sequences provide additional support for ruling out transmission links.
- Similar or identical sequences *may* suggest a possible link; however, epidemiologic data are critical for confirmation.
- Widespread and repeated introductions from the same lineage make it challenging to identify separate transmission chains



RT-PCR



Genotyping

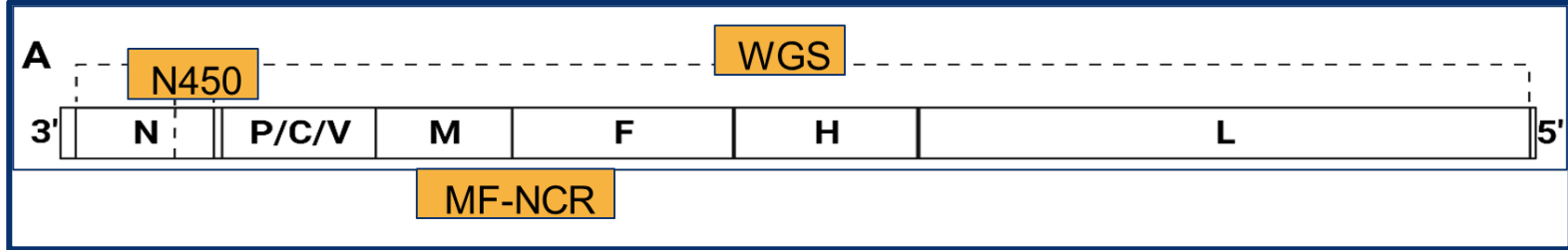


Whole Genome Sequencing



Doesn't Exist

Measles Whole Genome Sequencing (WGS)



- **Goal of sequencing beyond N450:** Improve resolution by acquiring additional base changes that may differentiate genetic lineages.
- **MeV sequencing challenges**
 - Important that the sequence that is generated is highly accurate due to the slow rate of evolution; viruses across outbreaks may be genetically very similar.
 - The MF-NCR, a known variable region in the genome, is technically difficult to sequence and assemble, but may provide greater resolution for the analysis. We are still investigating how much resolution that region will add.
 - Analyses of transmission dynamics are very sensitive to sampling bias and as more sequences are added, the phylogenetic tree topology can change. Therefore, a comprehensive and wholistic analysis is the most accurate way to analyze the outbreaks.

Thank you.

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 <https://www.cdc.gov/>
Follow us on social @CDCgov

The findings and conclusions in this report are those
of the authors and do not necessarily represent the



Virtual Reality Training on Specimen Handling

Joseph Rothschild, CDC Division of Laboratory Systems (DLS)



VR Specimen Handling Scenarios

In these virtual scenarios, learners will:

- Demonstrate standard precautions when handling blood, urine, and respiratory specimens.
- Assess and sort human blood, urine, and respiratory specimens for processing.



reach.cdc.gov/onelabvr



Specimen Submission to CDC

Valerie Albrecht, CDC Office of Laboratory Systems and Response

CDC 50.34 form will Retire October 2026

Select the Specimen Origin to Begin the Form

CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN

Form Approved | OMB Control No.: 0920-1309 | Expiration Date: 10/31/2026

HUMAN

LABORATORY EXAMINATION REQUESTED

Test order name: _____

Test order code: _____ Date sent to CDC: mm/dd/yyyy

Suspected Agent: _____

At CDC, bring to the attention of: _____

PATIENT INFORMATION

Patient Name: _____

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: mm/dd/yyyy Pregnancy Status: _____

Fatal: _____ Date of Death: mm/dd/yyyy

SPECIMEN INFORMATION

Specimen collected date: mm/dd/yyyy Time: _____

Material Submitted: _____

Specimen source (type): _____

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

	Condition	STAT Laboratory	Testing Laboratory
Barcode 1	Order 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)

First Last First Last Middle Suffix Degree

Institution name: _____

Street Address: _____

Line 1 _____

Line 2 _____

City _____ ZIP Postal Code _____

State _____ Country _____

Phone: _____

Country Code Area Code Local Number (e.g. 4100000) FDC e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)

First Last First Last Middle Suffix Degree

Phone: _____

Country Code Area Code Local Number (e.g. 4100000) FDC 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)

First Last First Last Middle Suffix Degree

Institution name: _____

Street Address: _____

Line 1 _____

Line 2 _____

City _____ ZIP Postal Code _____

State _____ Country _____

Phone: _____

Country Code Area Code Local Number (e.g. 4100000) FDC e-mail

Point of Contact: (Person to be contacted if there is a question regarding this order)

First Last First Last Middle Suffix Degree

Phone: _____

Country Code Area Code Local Number (e.g. 4100000) FDC e-mail

Patient ID: _____ Alternative Patient ID: _____

Specimen ID: _____ Alternative Specimen ID: _____

INTERMEDIATE SUBMITTER (Complete if specimen is submitted to SPH through an intermediate agency)

Name: (Laboratory Director or designee)

First Last First Last Middle Suffix Degree

Institution name: _____

Street Address: _____

Line 1 _____

Line 2 _____

CDC Specimen Test Order and Reporting



Create Test Order Requests

Submit Specimens

Ship Package

Check Status


View Reports

Manage Organization

- A web portal that streamlines the process to request test orders, submit specimen information, and receive reports from the CDC
- Online alternative to using the 50.34 form
- Provides a way to centralize test order approvals, specimen data, shipment status, and CDC reports
- Over 115 external organization connected with almost 1000 users

A screenshot of a web portal interface. At the top, a blue header bar contains the text 'My Needs Attention - 5'. Below this, a white card displays a red warning icon and the text 'Patient Birth Date'. Underneath, the 'Date' is listed as '10/31/2019'. An 'Action Required: Field' message is shown. The 'Specimen ID: SS-10518' is highlighted with a yellow box. Below that, the 'Patient ID:' field is visible. At the bottom of the card, a blue button with a pencil icon and the text 'Edit' is highlighted with a red border.

Specimen Data Entry Form via CSTOR

 **CSTOR**
Specimen Test Order and Reporting

Welcome, Nikita Swinnen Galbraith
Missouri State Public Health Laboratory

[Create Test Order Requests](#) [Submit Specimens](#) [Ship Package](#) [Check Status](#) [View Reports](#) [Manage Organization](#) [Manage Orgs in My Jurisdiction](#) [Training](#)

[Save & Close](#) [Cancel](#)

Laboratory Exam Requested

Institution

Original Submitter

Intermediate Submitter

Patient Information

Specimen Information

Patient History

State of Illness

Type of Infection

Therapeutic Agents

Exent

Travel History

Exposure History

Relevant Immunization History

Previous Lab Results

Comments

Test Order / Specimen / 50.34 Human

Submitters sending specimens to CDC for laboratory testing should supply all pertinent information associated with the specimen(s). This information will allow the laboratory to effectively review the test order and perform the appropriate test(s). The information supplied will be included in the laboratory report.

*NOTE: In the Specimen Information section, please enter the appropriate value for the Specimen Handling field. This information is helpful in ensuring that your specimens are handled correctly upon receipt at CDC.

Laboratory Exam Requested

Test Order Name * Aerobic Actinomycetes - Identification and Antimicrobial Susceptibility Testing- CLIA

Test Order Code * CDC-10149

Suspected agent

Date sent to CDC

At CDC, bring to the attention of

Institution

MO State Public Health Laboratory

Laboratory Director or Designee
Dr Laura Naught PHD

Institutional Email *
labweb1@health.mo.gov

Address
101 north Chestnut
P.O. Box 570
Jefferson City, Missouri 65101 United States

Phone
+1 (573) 751-3334 Ext.

Fax
+1 (573) 5262754

Point of Contact

Prefix	Last Name *	First Name *	Middle Initial	Suffix	Degree
<input type="text" value="Prefix"/>	<input type="text" value="Swinnen Galbraith"/>	<input type="text" value="Nikita"/>	<input type="text" value="Middle Initial"/>	<input type="text" value="Suffix"/>	<input type="text" value="Degree"/>

POC Email

Original Submitter CSTOR Onboarding Goals

- **For CDC**
 - Higher quality, more secure data submissions coming to CDC
 - Streamlined submissions and report delivery through centralized hub
- **For SPHLs**
 - More visibility into submissions from original submitters in your jurisdiction, leading to easier distribution of CDC reports to original submitters
- **For Original Submitters**
 - Faster, smoother workflow to receive SPHL approval and submit specimens to CDC (for specimens the SPHL approves to go directly to CDC) and access reports



COSO Submissions–SPHL TO Request Permissions

- CSTOR Lab Administrators can manage approvals required at the TO level

Welcome, Nikita Swinnen Galbraith
Missouri State Public Health Laboratory

Create Test Order Requests Submit Specimens Ship Package Check Status View Reports Manage Organization HD Admin **Manage Orgs in My Jurisdiction**

Manage Orgs in My Jurisdiction

Click the appropriate tab below to either view original onboarding requests, manage test order request submission permissions, or view test order requests from original submitters that are pending. Under the 'Original Submitter Onboarding' tab, organizations that have requested will be available to be approved or denied to onboard to the CSTOR Web Portal to submit specimens directly to the CDC. Please note reports will only be returned to the approved global submitter organization. Under the 'Test Order Request Permissions Management' tab, there is the ability to designate whether a test order requests from original submitters will be auto-approved, require pre-approval, or auto-rejected. Under the 'Test Order Request Approvals' tab, there will be pending test order requests from original submitters that will need to be approved or denied.

Test Order Request Permissions Management

Use the buttons to specify for which test orders from original submitters onboarded to CSTOR in your jurisdiction are auto-approved to be sent directly to CDC without SPHL review, which require SPHL review and pre-approval prior to direct submission to CDC and which are auto-rejected and can never be sent directly to CDC. Note that users with the 'Sub-Org Approver' user permission must review and approve test order requests from original submitters prior to them being able to submit specimens directly to CDC for any test order marked as requiring SPHL pre-approval. For test orders marked as auto-rejected, original submitters will be unable to select those test orders from within the Create Test Order Request module, thereby preventing them from submitting specimens via CSTOR for those test orders. Please also note that if a test order request is currently disabled in CSTOR the selected permissions (auto approve, require pre-approval or auto-reject) will not apply until the test order request becomes active again.

Search:

Auto-Approved	Require Pre-Approval	Auto-Reject	Test Order Name	Test Order Code	Unit Name	Required CDC Approval	CSTOR Status
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Acanthamoeba Molecular Detection	<i>i</i> CDC-10471	Free-Living and Intestinal Amebas (FLIA) laboratory	Yes	Active
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Adenovirus Molecular Detection	<i>i</i> CDC-10401	Respiratory Virus Diagnostics Unit	Yes	Active
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Aerobic Actinomycetes - Identification	<i>i</i> CDC-10148	Special Bacteriology Reference Lab (SBRL)	No	Active
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Aerobic Actinomycetes - Identification and Antimicrobial Susceptibility Testing	<i>i</i> CDC-10149	Special Bacteriology Reference Lab (SBRL)	No	Active

Tabular List of TORs that Require SPHL Pre-approval

- Visibility for Sub-Org users on whether a test order requires state public health laboratory (SPHL) pre-approval, is auto-approved, or is auto-rejected

Visibility into Test Order Request Approvals

View below a list of all CDC test orders and their current CDC pre-approval status. For more information on the CDC pre-approval POCs, follow the information ⓘ icon to that test order's entry in the Test Order Directory.

Search:

Test Order Name	Test Order Code	CSTOR Status	SPHL Status	CDC Status	Supplemental Information Required
Acanthamoeba Molecular Detection- CLIA	CDC-10471	Active	Auto-Rejected	Requires Pre-Approval	Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis, prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images.
Acanthamoeba Molecular Detection- Non-CLIA	CDC-10611	Active	Requires Pre-Approval	Requires Pre-Approval	Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis, prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images.
Adenovirus Molecular Detection- CLIA	CDC-10401	Active	Auto-Approved	Requires Pre-Approval	None
Adenovirus Molecular Detection- Non-CLIA	CDC-10581	Active	Requires Pre-Approval	Requires Pre-Approval	None
Aerobic Actinomycetes - Identification and Antimicrobial Susceptibility Testing- CLIA	CDC-10149	Active	Requires Pre-Approval	Auto-Approved	Please provide as much information as possible on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen.
Aerobic Actinomycetes - Identification- CLIA	CDC-10148	Active	Requires Pre-Approval	Auto-Approved	Please complete all sections on the CDC 50.34 Specimen Submission Form. Please notify laboratory point of contact listed below of shipment if this is a critical care specimen.
Alkhurma Hemorrhagic Fever Testing- Non-CLIA	CDC-10274	Active	Requires Pre-Approval	Requires Pre-Approval	Private citizens interested in clinical testing should contact their healthcare providers. Clinicians should contact their local or state health department for consultation.
Ameba Identification (Acanthamoeba, Balamuthia, Naegleria)- CLIA	CDC-10286	Active	Requires Pre-Approval	Requires Pre-Approval	Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images.
Ameba Identification (Acanthamoeba, Balamuthia, Naegleria)- Non-CLIA	CDC-10613	Active	Requires Pre-Approval	Requires Pre-Approval	Provide the following information: history of present illness, exposure history, past medical history, treatment history, CSF results, imaging results. Available images can be submitted for preliminary morphological diagnosis prior to submitting specimen for molecular identification. Contact dpdx@cdc.gov for more information about submitting images.

Show 10 entries
Showing 1 to 10 of 264 entries

Previous 1 2 3 4 5 ... 27 Next

Close

Create Test Order Request

The purpose of this page is to request and receive approval prior to submitting specimens to CDC agent (if known).

Select New to create a new draft test order request. Specify the Test Order ID, Test Order Name

Draft test order requests in the grid can be edited, copied, or deleted.

Add additional documentation needed at the test order request level using the add attachment button.

Create specimen submission forms associated with this test order request using the 'Specimen Form' button. You can have a specimen-level attachment added to them.

Select the draft test order requests from the grid and select Submit once the test order requests are ready to be submitted.

Please review the Test Order Directory for additional information including specimen requirements, if pre-approval is required.

[Click Me](#) to review if the test order request requires pre-approval and if any supplemental information is required.

Option to Release Report to Original Submitter

CDC CSTOR
Specimen Test Order and Reporting

Welcome, Nikita Swinnen Gabraith
Missouri State Public Health Laboratory

Create Test Order Requests | Submit Specimens | Ship Package | Check Status | **View Reports** | Manage Organization | Manage Orgs in My Jurisdiction | Training

View Reports

View and download specimen reports from CDC.
Select a desired time frame from the dropdown on the right.
Select advanced search to filter reports in the specified time frame. Reports are sorted in chronological order by default but can be sorted by other fields by clicking on the arrows in the column headers.
Hide reports from view by clicking on the icon.
Specify "Include Hidden Reports" in the upper right if you would like to see all reports, including reports hidden from view.
To download a PDF, click on the icon.
To export multiple reports, expand the rows and select the checkboxes next to the reports you wish to export in batch. Use the "Export Result Data" button to export the result data from the selected row(s) into CSV or excel. Use the "Download Selected PDFs" button to create a ZIP file with the selected PDF reports. A banner will appear at the top of your screen when the report file zip is complete and ready to be downloaded.
If the indicated original submitter organization is onboarded to CSTOR as a sub - organization under your jurisdiction, share the report to their View Reports module by selecting the "Release to Original Submitter" button and adding optional comments on the confirmation pop - up.
CDC wants to hear from you! CDC has a short survey to rate their customer service and your satisfaction. The results of this survey are used to highlight laboratory successes and to identify opportunities for improvement. Please share your feedback here: [Lab Customer Satisfaction Survey](#)

Include Hidden Reports
Last 1 yea

Advanced Search

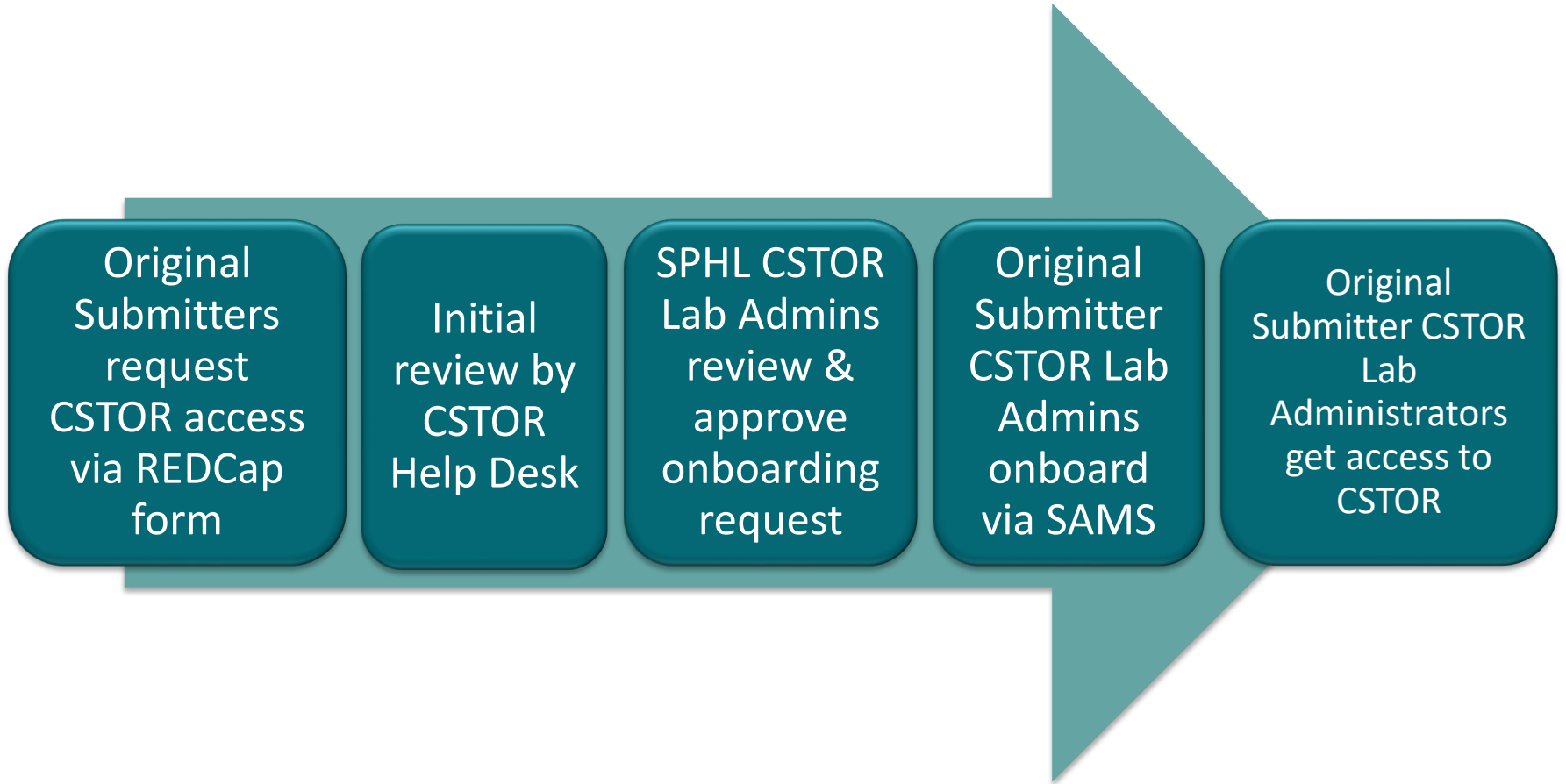
My Reports | **Organization Reports**

Specimen Reports (10) | Case Reports (2) | Specimen Reports (109) | Case Reports (25)

Collapse All | **Export Selected Results** | **Download Selected PDFs** | Search:

Test Order ID	Test Order Name	Specimen ID (Institution)	Patient/Animal/FEMB ID (Institution)	Specimen ID (Original)	Patient/Animal/FEMB ID (Original)	CSID	Last Sent Date	POC Email	Original Submitter	Accession Method
Reports Manual Spec Ashita Patient	Aerobic Actinomycetes - Identification- CLIA			Food Spec 2	Food 1	3016554453	03/19/2026	QCE9@cdc.gov	The University of Iowa Hospitals and Clinics	CSTOR SubOrg
Report Type: CDC Department Name						Sent Date		Report Date		
Final	ILB Serology Diagnostics Unit					03/19/2026		03/19/2026	Release to Original Submitter	
Reports Manual Spec Ashita Patient	Aerobic Actinomycetes - Identification- CLIA	222	1111			3016554454	03/19/2026	QCE9@cdc.gov	The University of Iowa Hospitals and Clinics	CSTOR SubOrg
Report Type: CDC Department Name						Sent Date		Report Date		
Final	ILB Serology Diagnostics Unit					03/19/2026		03/19/2026	Release to Original Submitter	

COSO - Workflow



COSO Submissions-Workflow

SPHLs set up which TOs require SPHL review/ approval

Original Submitters create TOR & specimen submission form(s)

If TO requires SPHL pre-approval, SPHL reviews and approves

If TO requires CDC pre-approval, CDC reviews and approves

Original Submitters finalize specimen form(s) & electronically ship package

Questions?

- If you have any questions, concerns, feedback, or to request additional support, email the CSTOR Help Desk:

cstor@cdc.gov

Next Scheduled Call: July 20 at 3pm



**LABORATORY
PROFESSIONALS
SAFE GUARD HEALTH.**



Thank you!

For more information, contact CDC

1-800-CDC-INFO (232-4636)

TTY: 1-888-232-6348 [cdc.gov](https://www.cdc.gov)

Follow us on X (Twitter) @CDCgov & @CDCEnvironment

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the U. S. Centers for Disease Control and Prevention.