

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) _____ Date: _____
 Name, Address and Phone Number of Physician or Organization: _____

(For CDC Use Only)			CDC NUMBER			DATE RECEIVED (12-17)			
UNIT	FY 3-4	NUMBER (5-10)	SUF (11)	Month	Day	Year	Month	Day	Year

STATE HEALTH DEPARTMENT LABORATORY ADDRESS:

STATE HEALTH DEPT. NO.: _____ DATE SENT Month Day Year TO CDC: _____

PATIENT IDENTIFICATION Hospital No.: _____

NAME: Last (18-37) First (38-47) Middle Initial (48)

BIRTHDATE: (49-54) Month Day Year SEX: (55)

CLINICAL DIAGNOSIS: _____ (56-57)

ASSOCIATED ILLNESS: _____ (58-59)

DATE OF ONSET (Mo. Da. Yr.) (60-65) FATAL? (66) YES NO

REVERSE SIDE OF THIS FORM MUST BE COMPLETED Type Specimen

THIS FORM MUST BE EITHER PRINTED OR TYPED
PLEASE PREPARE A SEPARATE FORM FOR EACH SPECIMEN

D.A.S.H.

0	3
(12-13)	

Date Reported

Mo.	Day	Yr.
(14-19)		

Comments: _____

(40-41)	

D	6	5
(198-200)		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service
 Centers for Disease Control
 Center for Infectious Diseases
 Atlanta, Georgia 30333



The Centers for Disease Control (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 09-20-0108, "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.

LABORATORY EXAMINATION(S) REQUESTED (31-36)

Antimicrobial Susceptibility Identification Serology (Specify Test) _____
 Histology Isolation Other (Specify) _____

CATEGORY OF AGENT SUSPECTED (37) Bacterial Viral Fungal Rickettsial Parasitic Other (Specify) _____

SPECIFIC AGENT SUSPECTED: _____ (38-40) **OTHER ORGANISM(S) FOUND:** _____ (41-46)

ISOLATION ATTEMPTED? (47) Yes No **NO. TIMES ISOLATED (48-49)** _____ **NO. TIMES PASSED (50-51)** _____

SPECIMEN SUBMITTED IS (52): Original Material Pure Isolate Mixed Isolate

DATE SPECIMEN TAKEN (53-58) Mo. Da. Year _____ **ORIGIN (59-60)**
 Food Animal (specify) _____
 Human Soil Other (Specify) _____

SOURCE OF SPECIMEN (61-62): Blood Gastric Serum Sputum Urine CSF Hair Skin Stool Throat
 Wound (Site) _____ Tissue (Specify) _____
 Exudate (Site) _____ Other (Specify) _____

SUBMITTED ON (63-64): Medium (Specify) _____ Egg Tissue Culture (Type) _____
 Animal (Specify) _____ Other (Specify) _____

SERUM INFORMATION: Mo. Da. Yr. _____
 (65-72) Acute _____
 (73-80) Convalescent _____
 (81-88) S3 _____
 (89-96) S4 _____
 (97-104) S5 _____

CLINICAL TEST RESULTS: (12-13) **0 2**
 Sputum and Histological Findings _____
 Blood Counts _____
 Type Skin Tests Performed _____
 _____ (14-21) _____
 _____ (23-30) _____
 _____ (32-39) _____

IMMUNIZATIONS: Mo. Yr. _____
 _____ (105-110) _____
 _____ (111-116) _____
 _____ (117-122) _____
 _____ (123-128) _____

SIGNS AND SYMPTOMS
 (48-49) Fever _____
 Maximum Temperature: _____
 Duration: _____ Days (50-53)
 (56-57) Chills (54-55) _____
RASH:
 (58-59) Maculopapular _____
 (60-61) Hemorrhagic _____
 (62-63) Vesicular _____
 (64-65) Erythema Nodosum _____
 (66-67) Erythema Marginatum _____
 (68-69) Other _____

CENTRAL NERVOUS SYSTEM:
 (104-105) Headache _____
 (106-107) Meningismus _____
 (108-109) Microcephalus _____
 (110-111) Hydrocephalus _____
 (112-113) Seizures _____
 (114-115) Cerebral Calcification _____
 (116-117) Chorea _____
 (118-119) Paralysis _____
 (120-121) Other _____

TREATMENT: Drugs Used None (129) _____
 Date Begun _____ Date Completed _____
 Mo. Da. Yr. Mo. Da. Yr.
 _____ (130-143) _____
 _____ (144-157) _____
 _____ (158-171) _____

RESPIRATORY:
 (70-71) Rhinitis _____
 (72-73) Pulmonary _____
 (74-75) Pharyngitis _____
 (76-77) Calcifications _____
 (78-79) Pneumonia (type) _____
 (80-81) Other _____

MISCELLANEOUS:
 (122-123) Jaundice _____
 (124-125) Myalgia _____
 (126-127) Pleurodynia _____
 (128-129) Conjunctivitis _____
 (130-131) Choriorretinitis _____
 (132-133) Splenomegaly _____
 (134-135) Hepatomegaly _____
 (136-137) Liver Abscess _____
 (138-139) Lymphadenopathy _____
 (140-141) Mucous Membrane Lesions _____
 (142-143) Other _____

EPIDEMIOLOGICAL DATA: (172-173)
 Single Case Sporadic Contact Epidemic Carrier
 Family Illness _____ (174-175) _____
 Community Illness _____ (176-177) _____
Travel and Residence (Location) Mo. Yr. _____
 Foreign _____ (178-183) _____
 USA _____ (184-189) _____
 Animal Contacts (Species) _____ (190-191) _____
 Arthropod Contacts: (192) None Exposure Only Bite
 Type of Arthropod _____ (193-194) _____
 Suspected Source of Infection _____ (195-196) _____

CARDIOVASCULAR:
 (82-83) Myocarditis _____
 (84-85) Pericarditis _____
 (86-87) Endocarditis _____
 (88-89) Other _____
GASTROINTESTINAL:
 (90-91) Diarrhea _____
 (92-93) Blood _____
 (94-95) Mucous _____
 (96-97) Constipation _____
 (98-99) Abdominal pain _____
 (100-101) Vomiting _____
 (102-103) Other _____

STATE OF ILLNESS:
 (144-145) Symptomatic _____
 (146-147) Asymptomatic _____
 (148-149) Subacute _____
 (150-151) Chronic _____
 (152-153) Disseminated _____
 (154-155) Localized _____
 (156-157) Intraintestinal _____
 (158-159) Extraintestinal _____
 (160-161) Other _____

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.

FOR CDC USE ONLY **0 1** (12-13) **No. Specimens: (16-20)** _____ **No. Tests: (21-25)** _____

TYPE SERVICE: (14-15)	LOCATION CODE: (26-27)	SPECIMEN SUBMITTED BY: (28-30)
01-Reference	AR Argentina	100-Health Dept.
02-Epid. Aid	AS Australia	200-CDC Clinic
03-Proficiency Testing	CO Colombia	205-Proficiency Testing
04-Special Projects	AU Austria	225-CDC Non-clinic
	BC Bermuda	301-Army
	CY Cyprus	302-Navy
	BE Belgium	303-Air Force
	BH British Honduras	307-V.A. Hosp.
	BL Bolivia	310-U.S.D.A.
	BR Brazil	
	CA Canada	
	CB Cambodia	
	CI Chile	
	CM Cameroon	
	CO Colombia	
	C5 Costa Rica	
	DR Dominican Rep.	
	EC Ecuador	
	ES El Salvador	
	ET Ethiopia	
	FR France	
	GE Germany	
	GQ Guam	
	GT Guatemala	
	HA Haiti	
	HO Honduras	
	IN India	
	IS Israel	
	IT Italy	
	IV Ivory Coast	
	JM Jamaica	
	MX Mexico	
	MY Malaysia	
	NI Nigeria	
	NU Nicaragua	
	NZ New Zealand	
	PA Paraguay	
	PE Peru	
	PK Pakistan	
	PL Poland	
	PN Panama	
	PP New Guinea	
	RP Philippines	
	RQ Puerto Rico	
	SL Sierra Leone	
	SP Spain	
	SZ Switzerland	
	TD Trinidad-Tobago	
	TH Thailand	
	TW Taiwan	
	UK United Kingdom	
	UR Soviet Union	
	UY Uruguay	
	VE Venezuela	
	VN Vietnam	
	VQ Virgin Islands	
	Other _____	
		323-Indian Hosp.
		325-NIH
		400-Foreign
		402-Peace Corps.
		550-University
		606-Physician/Clinic
		Other _____