*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) _____

Completed by: _____

Date: _____

Name, Address and Phone Number of Physician or Organization:

STATE HEALTH DEPARTMENT LABORATORY ADDRESS:

STATE HEALTH DEPT. NO.:

DATE SENT TO CDC: Month Day Year

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

(For CDC Use Only) CDC NUMBER

UNIT | FY 3-4) | NUMBER (5-10) | SUF (11)

DATE RECEIVED (12-17) Month Day Year

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 and Prevention (CDC)
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 09-20-0106, "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.

CDC 50.34 REV. 11-90
(Formerly 3.203)

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	

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

TREATMENT: Drugs Used ☐ None (129)

	Date Begun Mo. Da. Yr.	Date Completed Mo. Da. Yr.	
_____			(130-143)
_____			(144-157)
_____			(158-171)

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)

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.

CLINICAL TEST RESULTS: (12-13) 0 2
Sputum and Histological Findings _____
Blood Counts _____ Urine Exams _____
Type Skin Tests Performed

	Date Mo. Da. Yr.	Strength	Pos.	Neg.	
(14-21)					(22)
(23-30)					(31)
(32-39)					(40)

SIGNS AND SYMPTOMS
(48-49) ☐ FEver
Maximum Temperature: _____ (50-53)
Duration: _____ Days (54-55)
(56-57) ☐ CHills

RASH:
(58-59) ☐ MAculopapular
(60-61) ☐ HEmorrhagic
(62-63) ☐ VEsicular
(64-65) ☐ Erythema Nodosum
(66-67) ☐ Erythema Marginatum
(68-69) ☐ OTher _____

RESPIRATORY:
(70-71) ☐ RHinitis
(72-73) ☐ PUlmonary
(74-75) ☐ PHaryngitis
(76-77) ☐ CAlcifications
(78-79) ☐ PNeumonia (type) _____
(80-81) ☐ OTher _____

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 _____

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 _____

MISCELLANEOUS:
(122-123) ☐ JAundice
(124-125) ☐ MYalgia
(126-127) ☐ PLeurodynia
(128-129) ☐ COnjunctivitis
(130-131) ☐ CHorioretinitis
(132-133) ☐ SPlenomegaly
(134-135) ☐ HEpatomegaly
(136-137) ☐ LIver Abscess
(138-139) ☐ LYmphadenopathy
(140-141) ☐ MUcous Membrane Lesions
(142-143) ☐ 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 _____

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

TYPE SERVICE: (14-15)
01-Reference
02-Epid. Aid
03-Proficiency Testing
04-Special Projects
____ - Other

LOCATION CODE: (26-27)

AR	Argentina	CM	Cameroon	GT	Guatemala	NU	Nicaragua	SZ	Switzerland		
AS	Australia	CO	Colombia	HA	Haiti	NZ	New Zelanad	TD	Trinidad-Tobago		
AU	Austria	CS	Costa Rica	HO	Honduras	PA	Paraguay	TH	Thailand		
BC	Bermuda	CY	Cyprus	IN	India	PE	Peru	TW	Taiwan		
BE	Belgium	DR	Dominican Rep.	IS	Israel	PK	Pakistan	UK	United Kingdom		
BH	British Honduras	EC	Ecuador	IT	Italy	PL	Poland	UR	Soviet Union		
BL	Bolivia	ES	El Salvador	IV	Ivory Coast	PN	Panama	UY	Uruguay		
BR	Brazil	ET	Ethiopia	JM	Jamaica	PP	New Guinea	VE	Venezuela		
CA	Canada	FR	France	MX	Mexico	RP	Philippines	VN	Vietnam		
CB	Cambodia	GE	Germany	MY	Malaysia	RQ	Puerto Rico	VQ	Virgin Islands		
CI	Chile	GQ	Guam	NI	Nigeria	SL	Sierra Leone				
						SP	Spain				

____ Other _____

SPECIMEN SUBMITTED BY: (28-30)
100-Health Dept.
200-CDC Clinic
205-Proficiency Testing
225-CDC Non-clinic
301-Army
302-Navy
303-Air Force
307-V.A. Hosp.
310-U.S.D.A.
323-Indian Hosp.
325-NIH
400-Foreign
402-Peace Corps.
550-University
606-Physician/Clinic
____ - Other

CDC NUMBER

UNIT	FY	NUMBER	SUF.