

INSTITUTE OF PUBLIC HEALTH LABORATORIES

Bldg. A 2nd Floor | Peripheral St., Bo. Monacillos | San Juan PR, 00935

Tel. 787-522-3968 | Lic. No. 1 | CLIA #40D0672312

SPECIMEN SUBMISSION FORM

I. SUBMITTER

FACILITY/INSTITUTION

ORDERING PHYSICIAN

POINT OF CONTACT

POC PHONE

POC EMAIL

II. PATIENT INFORMATION

PATERNAL LAST NAME

MATERNAL LAST NAME

NAME

MI

SUBMITTER PATIENT ID

DOB

AGE

UNIT

SEX AT BIRTH

PHONE

IF PATIENT IS A MINOR, PROVIDE GUARDIAN'S NAME

CASE ID

ADDRESS

CITY

STATE/TERRITORY

COUNTRY

ZIP CODE

RACE

AFRICAN AMERICAN OR BLACK

ALASKAN OR AMERICAN NATIVE

ASIAN

CAUCASIAN/WHITE

NATIVE HAWAIIAN OR PACIFIC ISLANDER

UNKNOWN/NOT PROVIDED

ETHNICITY

HISPANIC/LATINO

NON-HISPANIC/NON-LATINO

UNKNOWN/NOT PROVIDED

III. PATIENT HISTORY

CLINICAL DIAGNOSIS/BRIEF CLINICAL HISTORY (INCLUDE SIGNS, SYMPTOMS, AND UNDERLYING ILLNESS IF KNOWN)

STATE OF ILLNESS

TYPE OF INFECTION

IF SYMPTOMATIC, DATE OF ONSET

HOSPITALIZED?

IF YES, DATE OF ADMISSION

PATIENT DECEASED?

IF YES, DATE OF DEATH

PREGNANCY STATUS

SMOKING HISTORY

THERAPEUTIC AGENTS ADMINISTERED DURING ILLNESS

THERAPEUTIC AGENT

START DATE

END DATE

THERAPEUTIC AGENT

START DATE

END DATE

IV. LABORATORY SERVICE REQUESTED

TEST ORDERED

SUSPECTED AGENT

TEST REQUEST REASON

DATE SENT TO PRPHL

AT PRPHL, BRING TO THE ATTENTION OF

REASON FOR CULTURE TESTING AT THE ORIGINATING FACILITY

V. SPECIMEN INFORMATION

SPECIMEN COLLECTION DATE

TIME OF COLLECTION

SPECIMEN COLLECTED BY

MATERIAL SUBMITTED

SPECIMEN SOURCE/TYPE

SPECIMEN SOURCE MOD.

SPECIMEN SOURCE SITE

COLLECTION METHOD

TRANSPORT MEDIUM/PRESERVATIVE

TREATMENT OF SPECIMEN

SPECIMEN HANDLING

IF SUBMITTING A BACTERIAL ISOLATE, SPECIFY THE ORGANISM (IF KNOWN)

ISOLATE RECOVERY DATE

VI. PREVIOUS LABORATORY RESULTS

VII. FOR PRPHL USE ONLY

PRPHL SPECIMEN ID

DATE RECEIVED AT PRPHL

REC. TIME

 AM/PM

WAS THE SAMPLE REJECTED?

YES

NO

IF YES, REASON FOR REJECTION

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SPECIMEN SUBMISSION FORM

PATERNAL LAST NAME	MATERNAL LAST NAME	NAME	MI	SUBMITTER PATIENT ID

VIII. EPIDEMIOLOGICAL DATA

EXTENT OF CASE	IF OUTBREAK, INDICATE OUTBREAK ID (IF AVAILABLE)	IF OUTBREAK, INDICATE TYPE OF OUTBREAK

TRAVEL HISTORY

RECENT TRAVEL	COUNTRY/STATE/CITY	START DATE	END DATE
ADDITIONAL TRAVEL	COUNTRY/STATE/CITY	START DATE	END DATE

RELEVANT TRAVEL DETAILS/ADDITIONAL INFORMATION

EXPOSURE HISTORY

WAS THERE EXPOSURE?	EXPOSURE DATE	EXPOSED TO	COMMON AND/OR SCIENTIFIC NAME	TYPE OF EXPOSURE

RELEVANT EXPOSURE DETAILS/ADDITIONAL INFORMATION

RELEVANT IMMUNIZATION HISTORY

IMMUNIZATION	IMMUNIZATION DATE	ADDITIONAL IMMUNIZATION(S)	IMMUNIZATION DATE

IX. COMMENTS/ADDITIONAL INFORMATION

The Institute of Public Health Laboratories (IPHL), a division of the Puerto Rico Department of Health (PRDH), is authorized to collect this information, including the Social Security number (if applicable). 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 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 PRDH 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 PRDH; 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 PRDH 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. Please refer to the IPHL Infectious Diseases Laboratories Test Directory for information on specimen requirements. IPHL must maintain and document specific acceptance criteria to perform laboratory tests on samples obtained from humans pursuant to the PRDH Rule 9508, 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 IPHL 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.