

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE HEALTH DEPARTMENT LABORATORY ADDRESS: \_\_\_\_\_

STATE HEALTH DEPT. NO.: \_\_\_\_\_ DATE SENT TO CDC: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_

Name, Address and Phone Number of Physician or Organization: \_\_\_\_\_

PATIENT IDENTIFICATION: (Hospital No.) \_\_\_\_\_

NAME: (LAST, FIRST, MI) \_\_\_\_\_

BIRTHDATE: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ SEX:  MALE  FEMALE

CLINICAL DIAGNOSIS: \_\_\_\_\_

(FOR CDC USE ONLY)		CDC NUMBER		DATE RECEIVED		
UNIT	FY	NUMBER	SUF	MO	DA	YR

ASSOCIATED ILLNESS: \_\_\_\_\_

DATE OF ONSET: (MM/DD/YYYY) \_\_\_\_/\_\_\_\_/\_\_\_\_ FATAL?  YES  NO

REVERSE SIDE OF THIS FORM MUST BE COMPLETED

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

D.A.S.H.

DATE REPORTED

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Comments:

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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 09-20-0106, "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.

