LABORATORY EXAMINATION(S) REQ	CATEGORY OF AGENT SUSPECTED:						
ANtimicrobial ISolation			BActerial Rickettsial				
Susceptibility HIstology SErology (Specific Test)			VI ral	PA rasitic			
IDentification OTher (Specify)			FU ngal	OTher (Specify) _			
SPECIFIC AGENT SUSPECTED:	OTHER ORGANISM(S) FOUND:	ISOLATION	NO. OF TIMES	NO. OF TIMES	SPECIMEN SUBMITTED IS		
SPECIFIC AGENT SUSPECTED.	OTTEN ONGANISM(S) FOOND.	ATTEMPTED?	ISOLATED:	PASSED:		xed Isolate	
		YES NO			Pure Isolate	100 1001010	
		1.20					
DATE SPECIMEN TAKEN:	ORIGIN: FOod ANimal			OT her			
MO DA YR	HU man SO il (Specify)			(Specify)_			
			CUDMITTED ON	1-			
SOURCE OF SPECIMEN:	(Cita)		SUBMITTED ON				
BLood CSF WOund (Site) GAstric HAir EVudete (Site)			MEdium				
SErum SKin			ANimal				
SPutum STool TIssue (Specify)			TIssue Culture (Type)				
URine Throat OTher (Specify)			EGg OTher (Specify)				
<u> </u>	MO DA YR		_				
SERUM INFORMATION: MO DA YE			IS AND SYMPTOM FEver	IS:	CENTRAL NERVOUS SYSTE HEadache	iM:	
AC ute				ature:	MEningismus		
COnvalescent			Duration:		MIcrocephalus		
			CHills		HYdrocephalus SEizures		
IMMUNIZATIONS:	MO	YR	l:		CErebral Calcification		
(1.)		_	MA culopapular		CHorea		
(2.)			HE morrhagic		PA ralysis		
(3.)			VEsicular Erythema Nodosun	n	OTher		
			Erythema Marginat		MISCELLANEOUS:		
(4.)			OT her		JA undice MY algia		
TREATMENT: <u>DRUGS USED</u> None	<u>DATE BEGUN</u> <u>DATE COM</u> MO DA YR MO DA	YR RES	RESPIRATORY: RHinitis PUlmonary PHaryngitis CAlcifications Otitis Media		PL eurodynia		
(1)					COnjunctivitis		
					CHorioretinitis SPlenomegaly		
(2.)					HE patomegaly		
(3.)					Liver Abscess/cyst		
EPIDEMIOLOGICAL DATA:			PNeumonia (type)		LYmphadenopathy MUcous Membrane Lesi	ono	
SIngle Case SPoradic COntact EPidemic CArrier			OTher		OTher	JIIS	
Family IllnessCAI			CARDIOVASCULAR: MYocarditis PEricarditis		STATE OF ILLNESS: SYmptomatic		
•							
Community Illness			EN docarditis		AS ymptomatic		
Travel and Residence (Location)		OT her		SUbacute			
Foreign		GAS	GASTROINTESTINAL: Diarrhea BLood		CHronic DIsseminated		
USA					LOcalized EXtraintestinal		
Animal Contacts (Species)							
,			MUcous COnstipation		OTher		
	,		ABnormal Pain				
Type of Anthropod:			VO miting				
Suspected Source of Infection:			OTher				
PREVIOUS LABORATORY RESULTS/O	THER CLINICAL INFORMATION: (Information)	ation supplied should	be related to this c	ase and/or specim	en(s) and relative to the test(s)	requested.	
	`			·	.,	.	
- CDC SPECIMEN SUBMISSION	FORM –		UNIT	FY	NUMBER SU	F.	

Justification must be completed by State health department laborato CDC. Please check the first applicable statement and when appropri (a) Irom an outbreak. (b) Irom uncommon or exotic disease (c) an isolate that cannot be identified, is atypical, shows mult normally sterile site(s) (d) Irom a disease for which relate unavailable in State. Ongoing collaborative CDC/State project.						
 Ongoing collaborative CDC/State project. Completed by: Confirmation of results requested for quality assurance. 						
*Prior arrangement for testing has been made. Please bring to the attention of:		STATE HEALTH DEPT. NO.:	DATE SENT TO CDC: (MM/DD/YYYY)			
(Name):	PATIENT IDENTIFICATION: (Hospital No.)					
Name, Address and Phone Number of Physician or Org	anization:	NAME:				
		(LAST, FIRST, MI)BIRTHDATE:	SEX:	MALE	FEMALE	
		(MM/DD/YYYY) CLINICAL	JLX.	IVIALL	1 LIVIALL	
(FOR CDC USE ONLY) CDC NUMBER		DIAGNOSIS:				
	SUF DATE RECEIVED MO DA YR	DATE OF ONSET:	FATALO	\/F0	NO.	
		(MM/DD/YYYY)	FATAL?	YES	NO	
		THER PRINTED OR TYPED TE FORM FOR EACH SPECIMEN DATE REPORTED				
		MO DA YR				
	0 3					
	Comments:					
		D 6 5				
1	DEPARTMENT OF HEALT	TH 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.