Animal Specimen Submission Form Training

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The purpose of this training is to assist Public Health Providers and CDC personnel in understanding the new CDC Specimen Submission form for specimens of "Animal" origin. The training is helpful to those responsible for preparing CDC Specimen Submission forms for specimens submitted to the CDC for testing.

The training is organized by the following sections and supporting topics:

Overview

Changes to the Overall Process

Changes to the overall process include:

- Changes are being made to address improvements requested in the Customer Satisfaction Survey
- New Specimen Submission form
- New Test Directory of Services
- Link to appropriate CDC contact person for test consultation
- Faster turnaround time for result reporting

Enhancements that were implemented for Form 50.34 Version 1.1:

- The barcode is hidden on the form until business rules are validated in Adobe reader 9.x or above. The barcode is hidden each time a form is opened, even if it had previously been printed successfully.
- The Test Order Code pick-list is now sorted numerically. This does not impact the sort order of test order name which remain alphabetical.
- The 'Previous Laboratory Results' field is now labeled 'Previous Laboratory Results/Comments'.
- The label on the Telephone fields was clarified to show that only digits are accepted in the Local number (no dashes, spaces, or commas allowed).
- When a test order with the additional form(s) requirement is selected, the user alert popup shows an alert icon ⚠ instead of an error icon ❌.
- Version and expiration date are updated: CDC 50.34 v1.1 (Expires January 31, 2014 (@ 11:59pm).

Overview

CDC Infectious Diseases Laboratories Website

An example of the CDC Infectious Diseases Laboratories Website is below: *http://www.cdc.gov/laboratory/specimen-submission/index.html*

Overview

CDC Infectious Diseases Laboratories Website – Test Directory

An example of the Infectious Diseases Laboratories Test Directory is below: *http://www.cdc.gov/laboratory/specimen-submission/list.html*

Overview

Benefits to PHLs

The benefits to the PHLs are included below:

- Select a test offered by CDC via dropdown menu

- Ability to electronically enter data into the form and save it

- Control the distribution of the new form with their clinical labs

- Increase accuracy of information entered into the CDC Laboratory Information Management System (LIMS)

- Delivery of results faster as encrypted PDFs sent by secure email

- Prepare for electronic messaging

- Links automatically to required supplemental forms and notifies if prior approval is needed

- Links to appropriate CDC contact person for consultation or prior approval

Overview

What is the Specimen Submission Form?

Public Health Providers and other Submitters must complete a Specimen Submission form for each specimen they submit to the Centers for Disease Control and Prevention (CDC) Infectious Diseases Laboratories for testing. The new CDC 50.34 Specimen Submission form provides the most effective way to record the necessary information required to identify the specimen, animal, and submitter.

The Specimen Submission form provides the following benefits:

- The form is downloadable and the data you enter can be saved to the form at any time.

- The form can be filled out on your computer, printed, and then sent to the CDC with the specimen. This ensures the content is legible which reduces the possibility of erroneous data.

- Pick-lists are provided to allow for the selection of valid field values which ensures the integrity of the data.

- Barcodes expedite the process of transferring data from the form into the CDC Laboratory Information Management System (LIMS), which eliminates the need for manual entry and reduces the amount of human error.

This document will provide training by introducing you to the CDC Specimen Submission form and provide instructions on how to fill out the form.

Overview

How the Form is Organized

The Specimen Submission form is a two-sided document that is divided into 23 sections.

Note: The section numbers in the list below correspond to the section numbers on the sample form in figures 1 and 2.

The front of the form is divided into the following sections:

1. Origin
2. Laboratory Examination Requested
3. Animal Information
4. Specimen Information
5. CDC Use Only
6. Barcode 1
7. State PHL Submitter
8. Original Submitter
9. Intermediate Submitter

Figure 1 – Specimen Submission Form (Front)

Overview

How the Form is Organized

The back of the form is divided into the following sections:

10. Specimen Identifier

11. Owner Name/Address

12. Field Collection Information

13. Brief Clinical Summary

14. State of Illness

15. Type of Infection

16. Therapeutic Agent(s) During Illness

17. Extent

18. Travel History

19. Exposure History

20. Relevant Immunization History

21. Previous Laboratory Results/ Comments

22. Barcode 2

23. Barcode 3

Note: The barcodes on both sides of the form will not appear until the form is validated and printed successfully.

Before we take a look at the individual sections in detail, we will show you how to enter and correct data on the form.

Figure 2 –Specimen Submission Form (Back)

Entering Data

Using Pick-lists

Overview	Pick-lists are available for many fields to provide you with a convenient way to select field values. Click the down-arrow and the pick-list appears, or type the first letter of the value you want to jump to the selection. If your information is not in the pick-list, select the blank field and hand-write your information <u>after</u> you print the form. Some fields with pick-lists e.g. sex, may not have a blank row at the top. In these instances, you must select from a value in that pick-list; values may not be hand-entered.	Material submitted: [▼] Isolate Original material Image Slide Grid (Electron Microscopy) TNA-Nucleic acid (Total) DNA-Deoxyribonucleic acid RNA-Ribonucleic acid
Action	Follow these steps to select a value from a pick-list: 1. Click the down-arrow for the field. The pick-list for the field appears. 2. Click the value on the pick-list which best represents your selection.	Material submitted: [▼] Isolate Original material Image Slide Grid (Electron Microscopy) TNA-Nucleic acid (Total) DNA-Deoxyribonucleic acid RNA-Ribonucleic acid
Result	The value that you selected appears in the field.	Material submitted: Isolate [▼]

Entering Data

Entering Dates

Overview	Dates may be entered in one of two ways, you may enter the date in "MM/DD/YYYY" format, or you may select the date from the calendar.
	
	When you enter an invalid date, or the date you enter does not meet the rules established for that date, you will receive an error message. Some examples include:
	
	    ◆ Date of death cannot be after today's date.
	    ◆ Start Date cannot be after the End Date.
	    ◆ Invalid date format. Please enter date as "MM/DD/YYYY".
		Date of death: ▢
		MM/DD/YYYY

Action	You may enter a date using the format: MM/DD/YYYY, or follow these steps to select the date from the calendar: 1. Click inside the date field. The drop-down arrow appears. 2. Click the drop-down arrow. The calendar appears. 3. Select a specific day using the calendar format, or click the blue-lined box at the bottom of the calendar to select today's date. **Note:** Make sure you are in the correct calendar month and year.	Date of death: ▢ ▾ MM/DD/YYYY ◀ **January, 2013** ▶ Sun Mon Tue Wed Thu Fri Sat 30 31 1 **2** 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 1 2 3 4 5 6 7 8 9 ▢ **Today: 1/2/2013**
Result	The date you entered or selected appears in the date field.	Date of death: 01/02/2013 MM/DD/YYYY
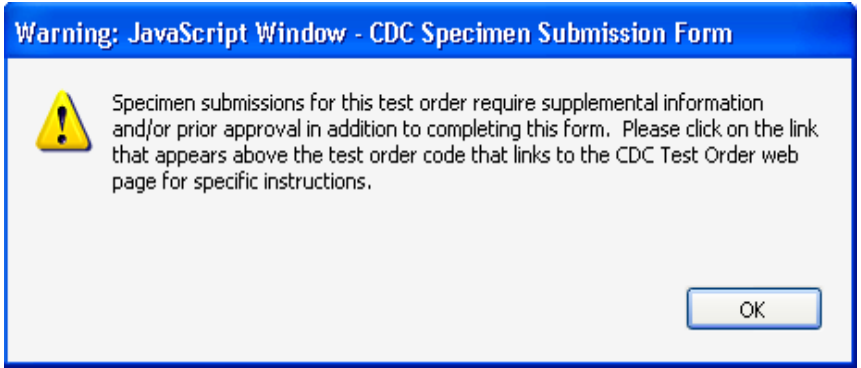
Entering Data

Entering Test Order Name

Overview	The test order name is mandatory in order to submit specimens to the CDC for testing. The test order code will auto-populate based on the test order name selected. Alternatively, if you know the test order code, select it, and the test order name will auto-populate. If the test order code and name are left blank and you try to print the form, you will receive the following error message: *"The following required fields are empty: Required field – Test order name"*	Test order code: [▼] Test order name: [▼]
Action	Follow these steps to select the test order name: 1. Click the Test Order Name drop-down arrow. The pick-list appears. 2. Select the Test Order Name from the pick-list.	Test order name: [▼] Actinomycetes - Aerobic - ID Actinomycetes - Aerobic - ID and AST Adenovirus Molecular Detection and Typing Alkhurma Identification Alkhurma Serology Amoeba Identification (Acanthamoeba, Balamuthia, Naegleria) Amoeba Serology (Acanthamoeba, Balamuthia, Naegleria) Amoeba Special Study Anaerobic Bacteria Identification
Result	The Test Order Name you selected appears, and the Test Order Code auto-populates based on your selection. The **Help** icon appears next to the Test Order Code. Click this icon to find additional information for the specific test order.	Test order code: CDC-10148 [▼] ⓘ Test order name: Actinomycetes - Aerobic - ID [▼]
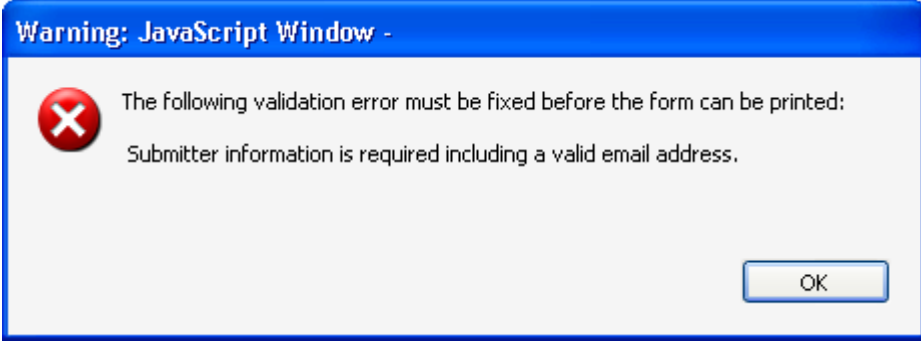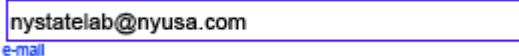
Entering Data

Test Order Name Requirements – Prior Approval and Supplemental Forms

Overview	The test order name is mandatory. The test order code will auto-populate based on the test order name selected. Alternatively, if you know the test order code, select it, and the test order name will auto-populate. If you select a test order code, please verify that the test order name matches the test order you wish to order. In some cases, you will be required to provide supplemental information for specific test order codes. For instance, in this example, you are required to fill out an additional form for test order code, 'CDC-10274'. After selecting the test order code, you will receive the following message: *"Specimen submissions for this test order require supplemental information and/or prior approval in addition to completing this form. Please click on the link that appears above the test order code that links to the CDC Test Order web page for specific instructions."*	**Warning: JavaScript Window - CDC Specimen Submission Form** ⚠ Specimen submissions for this test order require supplemental information and/or prior approval in addition to completing this form. Please click on the link that appears above the test order code that links to the CDC Test Order web page for specific instructions. OK
Action	Follow these steps to locate the additional required form: 1. Click **OK** to acknowledge the warning message. The **Help** icon next to the test order code disappears and is replaced by the "Additional form(s) required" button: **Additional form(s) required** 2. Click the "Additional form(s) required" button to access prior approval or supplemental form instructions.	**Additional form(s) required** Test order code: CDC-10274 Test order name: Alkhurma Identification
Result	The CDC Test Order web page appears with specific instructions for prior approval or supplemental forms.	
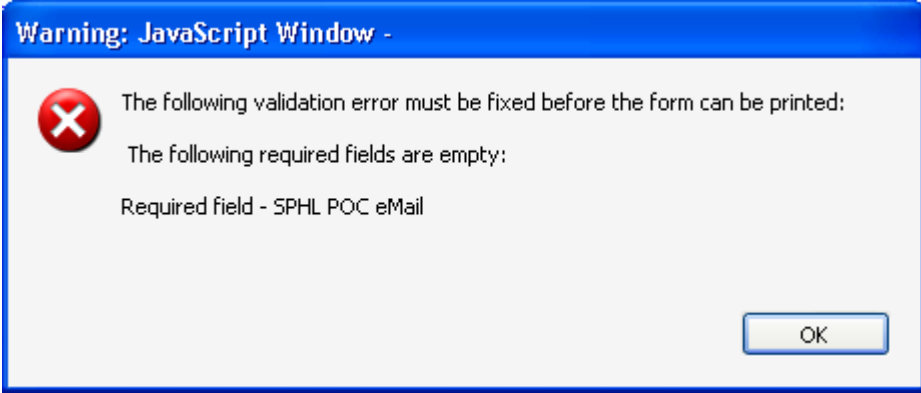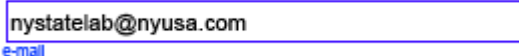
Entering Data

Entering Submitter Data

Overview	You must enter data in the State PHL Submitter section, including a standard address and valid email address. If you leave the submitter data blank, the following message appears: *"Submitter information is required including a valid email address".*	**Warning: JavaScript Window -** The following validation error must be fixed before the form can be printed: Submitter information is required including a valid email address. OK
Action	Follow these steps to add submitter data: 1. Click **OK** to acknowledge the warning message. The email address field appears highlighted in red. 2. Enter the standardized email address for the institution that submitted the material to the CDC.	e-mail
Result	The submitter data and email address appears.	nystatelab@nyusa.com e-mail

Entering Data

Entering Email Address

Overview	If you do not enter an email address, the following warning message appears: *"The following required fields are empty: Required field – SPHL approved laboratory email address".* If the institution does not have an approved laboratory email address, then enter the Lab Director's email address.	**Warning: JavaScript Window -** The following validation error must be fixed before the form can be printed: The following required fields are empty: Required field - SPHL POC eMail OK
Action	Follow these steps to correct the email address: 1. Click **OK** to acknowledge the warning message. The erroneous email address field appears highlighted in red. 2. Enter the email address in the following format: name@somewhere.com.	e-mail
Result	The corrected email address appears.	nystatelab@nyusa.com e-mail

Sections on the Form

Origin

The Origin section appears below:

Select the Specimen Origin to Begin the Form

HUMAN
ANIMAL
FOOD
ENVIRONMENTAL
MEDICAL DEVICE
BIOLOGIC

Figure 3 – Origin Section

This section is used to specify the origin for the material you are submitting. The fields on the form will change based on the origin selected. Select *'Animal'* for specimens of animal or arthropod origin.
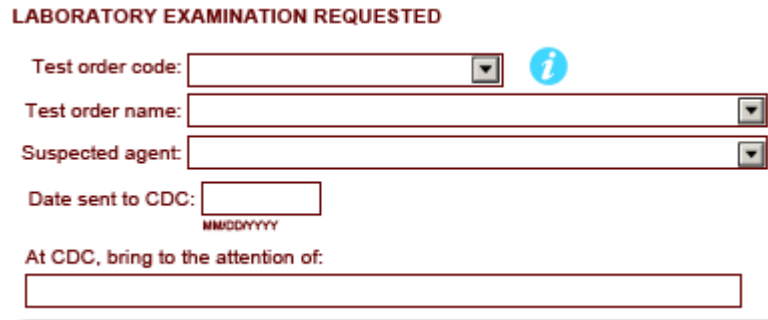
There will be three (3) distinctly different forms in this form. Fields on the Human form are different from those on the Animal form and these are different from a single form that is used for submitting specimens of Food, Environmental, Medical Device, or Biologic origin.

Field Name	Field Instructions
Origin	Select *'Animal'* from the Origin pick-list when submitting specimens of animal or arthropod origin. Valid options are: ◆ Human ◆ Animal ◆ Food ◆ Environmental ◆ Medical Device ◆ Biologic The form will populate the fields that are specific to the origin selected.

Sections on the Form

Laboratory Examination Requested

The Laboratory Examination Requested section appears below:

Figure 3 – Laboratory Examination Requested Section

This section is used to specify the test order name and code assigned to the specimen, the suspected agent, the date the specimen was sent to the CDC, and to whom the specimen was sent. Valid field values may be selected from the pick-lists, where available.

Field Name	Field Instructions
Test Order Code Test Order Name	The test order name is mandatory. You must select the appropriate test from the pick-list; you may not hand write the test name on the form. The test order code will auto-populate based on the test order name selected. Alternatively, if you know the test order code, select it, and the test order name will auto-populate. In some cases, you may receive the following message: "Specimen submissions for this test order require supplemental information and/or prior approval in addition to completing this form. Please click on the link that appears above the test order code that links to the CDC Test Order web page for specific instructions." In this case, click the link that appears and follow the instructions.
Suspected Agent	Select the suspected agent from the list of bacteria, viruses, fungi, and parasites.
Date Sent to CDC	Enter/select the date the specimen was shipped to the CDC. This date is important because it lets us know if the specimen is delayed in transit and whether the delay affects its suitability for testing.
At CDC, bring to attention of:	If you have prior approval or have talked with someone in the CDC laboratory about this specimen/order, enter the name of that person to facilitate the testing. This space may be left blank if prior approval for testing is not required.

Sections on the Form

Animal Information

The Animal Information section appears below:

Figure 4 – Animal Information Section

Note: If neither the Common Name nor the Scientific Name is available in the pick-lists, then select the blank row at the top of the pick-list and after the form is printed, hand write the desired name.

Field Name	Field Instructions
Animal / Arthropod	Select either the Animal or Arthropod radio button. You may only select one value.
	If you would like to submit an arthropod as the specimen associated with an animal, select animal to identify the animal, and then submit the arthropod as the specimen type.
	If you would like to submit a specimen from both an animal and an arthropod associated with the animal, you will need to submit separate forms for each type.
Common Name	Select a common name for the animal or arthropod. The corresponding scientific name (if there is one) will auto-populate in the Scientific Name field.
	Note: If the common name is not available in the pick-list, you may select the blank row at the top of the pick-list and after the form is printed, hand write the desired name.
Scientific Name	Select a scientific name for the animal or arthropod. The corresponding common name (if there is one) will auto-populate in the Common Name field.
	Note: If the scientific name is not available in the pick-list, you may select the blank row at the top of the pick-list and after the form is printed, hand write the desired name.
Animal Name	If the animal has a name, e.g., Daisy, enter the name here.
Category	This field is only relevent for animals. It is not to be used to describe an arthropod specimen. It is meant to describe the type of animal (for example a zoo animal such as game or livestock). You cannot hand-write a value in this field.

Sections on the Form

Animal Information (continued)

The Animal Information section appears below:

ANIMAL INFORMATION

○ Animal ○ Arthropod

Common name: [_____]

Scientific name: [_____]

Animal name: [_____]

Category: [_____ ▼]

Sex: [____ ▼] Birthdate: [____]
                          MM/DD/YYYY

Age: [__] Age units: [____ ▼]

Clinical diagnosis: [_____ ▼]

Date of onset: [____] Fatal: [__ ▼] Date of death: [____]
               MM/DD/YYYY   MM/DD/YYYY

Figure 4 – Animal Information Section

Field Name	Field Instructions
Sex	Select the appropriate gender for the animal. You must select a value from the pick-list; you cannot hand-write a value in this field.
Birthdate	Enter the animal's birthdate.
Age	If you don't know the birthdate of the animal but know the age, enter the age in this field. The age must be a whole number, for example 30 months to indicate 2 years and 6 months. Decimal points are not allowed.
Age units	Select the appropriate unit for the age entered (e.g., day, month, and year). You must select a value from the pick-list; you cannot hand-write a value in this field.
Clinical diagnosis	If you know the animal's disease, syndrome, or condition, then select it from the pick-list. If the value you require is not in the pick-list, select the blank entry, and then hand-write the value on the printed form.
Date of onset	If you know the date of onset, enter it here.
Fatal	Was the animal deceased at the time the specimen was submitted? Select 'Yes', 'No', or 'Unknown'.
Date of death	If the animal is deceased, enter the date of death, if known.

Sections on the Form

Specimen Information

The Specimen Information section appears below:

Figure 5 – Specimen Information Section

This section is used to enter pertinent information about the specimen that will allow the testing laboratory to determine the suitability for testing.

Note: *Valid values for all fields are available in the pick-lists. If the value you require is not in a pick-list, select the blank entry, and then handwrite the value on the printed form.*

Field Name	Field Instructions
Specimen collected (Date, Time)	Enter the date the specimen was collected as MM/DD/YYYY. Enter the time as HH:MM:SS. If a date is entered and the time is left blank, the default time is 01:00:00. Blank minutes or seconds default to 00.
Material submitted	Select the original material or derivative of the original material such as an isolate or nucleic acid that has been extracted from the original specimen.
Specimen Source (Type)	Select the type of specimen that was collected, or the specimen where the isolate was recovered.
Specimen Source Modifier	Used to indicate the status of a serum specimen, i.e., whether it was collected from the animal during the 'acute' or 'convalescent' phase of an infection. Other values such as S1 are intended for specimens being collected for studies.
Anatomic (body) site	Select the anatomic (body) site from which the original specimen was taken (e.g., arm, leg, liver). In most cases, this field will not be filled for specimens such as blood.
Anatomic (body) site modifier	Provides more information about the anatomic (body) site from which the specimen was taken such as 'right' (arm), if applicable. Not required for blood or serum.
Collection method	Provides information about how the specimen was collected. This is critical information about the adequacy of the specimen collected, and includes values such as 'Aspiration' and 'Biopsy'.
Treatment of specimen	Select what treatment the specimen has received (e.g., Centrifugation).
Transport medium/Specimen preservative	Select the medium in which the specimen was submitted, or the substance that has been added to the specimen, to ensure its suitability for testing (e.g., Campy-BAP agar).
Specimen handling	Select the temperature or other conditions under which you are submitting the specimen (e.g., dry ice, ambient temperature).

Sections on the Form

CDC Use Only

The CDC Use Only section appears below:

Figure 6 – CDC Use Only Section

This section is reserved for CDC use only. The CDC personnel responsible for processing the specimen package will use this section to record the package identifiers, dates of receipt, and the condition of the package and contents.

Note: *The fields in this section are protected. The information must be hand written directly on the paper form by the appropriate CDC personnel.*

Field Name	Field Instructions
Package ID#	CDC use only
Delivered to Unit#	CDC use only
Unit Specimen ID#	CDC use only
Date received at CDC	CDC use only
Date received in testing Lab	CDC use only
Time received in testing Lab	CDC use only
Condition Outer Package	CDC use only
Condition Specimen Container	CDC use only
Condition Specimen	CDC use only

Sections on the Form

State PHL Submitter

The State PHL Submitter section appears below:

Figure 7 – State PHL Section

This section includes the submitter information for the State PHL, New York City HD laboratory, Federal Agency, International Institution, and Peace Corps that submitted the specimen for examination.

Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Name of person authorizing reference testing from the CDC. This person is usually the laboratory director or their designee.
Institution Name	Enter the institution name and specific department, if appropriate.
Street address 1	Enter the street address, including the specific floor/room number.
Street address 2	Enter the post office box or mailstop.
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Enter local phone number for the laboratory, including country code and area code (numbers only; no spaces or special characters).
Fax (country, area code, local number)	Enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Email	Enter a standardized institution or lab email address that is approved for the CDC form.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary or alternative person in the laboratory who can answer questions regarding the specimen submission.
Animal ID	Enter the primary animal ID if assigned by the State PHL. The number might be used for surveillance or study purposes.
Specimen ID	Enter the primary specimen ID if assigned by the State PHL. The number might be used for surveillance or study purposes.
Alternative Animal ID	Alternative animal ID if assigned by the State PHL.
Alternative Specimen ID	Alternative specimen ID if assigned by the State PHL.

Sections on the Form

Original Submitter

The Original Submitter section appears below:

Figure 8 – Original Submitter Section

This section includes the submitter information for the laboratory, hospital, or clinic that originally submitted the specimen for examination.

Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Name of person authorizing reference testing to be performed. This person is usually the laboratory director or their designee.
Institution Name	Enter the institution name and specific department, if appropriate.
Street address 1	Enter the street address, including the specific floor/room number.
Street address 2	Enter the post office box or mailstop.
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Enter local phone number for the laboratory, including country code and area code (numbers only; no spaces or special characters).
Fax (country code, area code, local number)	Enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Email	Enter an email address for the institution or lab director.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary or alternative person in the laboratory who can answer questions regarding the specimen submission.
Animal ID	Primary Animal ID if assigned by the animal's owner or by a verinarian. The number might be used for surveillance or study purposes.
Specimen ID	Primary specimen ID if assigned by the lab. The number might be used for surveillance or study purposes.
Alternative Animal ID	Alternative animal ID if provided.
Alternative Specimen ID	Alternative specimen ID if assigned by the lab.

Sections on the Form

Intermediate Submitter

The Intermediate Submitter section appears below:

Figure 9 – Intermediate Submitter Section

This section is used to enter the name, address, and contact information for the intermediate laboratory, which is usually the reference laboratory that handled the sample (e.g., Quest, Lab Corp, ARUP, Mayo Clinic, and so on).

Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Name of person authorizing reference testing to be performed. This person is usually the laboratory director or their designee.
Institution Name	Enter the institution name and specific department, if appropriate.
Street address 1	Enter the street address, including the specific floor/room number.
Street address 2	Enter the post office box or mailstop.
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Enter local phone number for the laboratory, including country code and area code (numbers only; no spaces or special characters).
Fax (country code, area code, local number)	Enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Email	Enter an email address for the institution or lab director.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary or alternative person in the laboratory who can answer questions regarding the specimen submission.
Animal ID	Enter the primary animal ID if assigned by the lab. The number might be used for surveillance or study purposes.
Specimen ID	Enter the primary specimen ID if assigned by the lab. The number might be used for surveillance or study purposes.
Alternative Animal ID	Alternative animal ID if assigned by the lab.
Alternative Specimen ID	Alternative specimen ID if assigned by the lab.

Sections on the Form

Specimen Identifiers (Auto Populated)

The Specimen Identifiers section appears below:

Original Specimen ID: [   ] AND/OR Animal ID: [   ] AND/OR SPHL Specimen ID: [   ]

Figure 10 – Specimen Identifiers Section

This section is found at the top-most area on the second page of the form. The purpose of this section is to carry forward the animal and specimen identifiers that were entered on the front of the form. This is helpful in the event that the form is printed on two separate pieces of paper.

Caution: If you are not filling out the form using your computer, the Specimen Identifier section will not auto populate. For printed forms, be sure to hand-write the animal name, original animal ID and the SPHL specimen ID in the Specimen Identifier section.

Field Name	Field Instructions
Original Specimen ID	Auto-populated from the Specimen ID in the Original Submitter section.
AND/OR Animal ID	Auto-populated from the Animal ID in the Original Submitter section.
AND/OR SPHL Specimen ID	Auto-populated from the Specimen ID in the State PHL section

Sections on the Form

Owner Name/Address

The Owner Name/Address section appears below:

Figure 11 – Owner Name/Address Section

Field Name	Field Instructions
Name (last, first, MI, suffix, degree)	Enter the full name and suffix for the animal's owner (or veterinarian).
Street address 1	Enter the street address, including the specific floor/room number for the animal's owner (or veterinarian).
Street address 2	Enter the post office box or mailstop for the animal's owner (or veterinarian).
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country where the animal's owner (or veterinarian) resides.
Phone (country code, area code, local number, extension)	Enter the country code, area code and local phone number for the animal's owner (or veterinarian). No spaces or special characters allowed.

Sections on the Form

Field Collection Information

The Field Collection section appears below:

Figure 12 – Field Collection Section

On occasion, a specimen may be collected from a wild animal or from livestock in a field that may be remote from the residence of the animal's owner. Information about the location in which the specimen was collected is entered in these fields.

Field Name	Field Instructions
Street address 1	Enter the street or highway address, if available.
Street address 2	Enter a supplemental street address; this could be a field desgnation, if available.
City, State, Zipcode, Country	Enter the city, state or province, zip or postal code, and country.
Latitude / Longitude	Global Positioning System (GPS) coordinates may be used, if they have been documented for specimens that have been collected at remote locations. For livestock, the GPS coordinates may be recorded as the location of the gate to the field in which the animal is located. GPS coordinates are recorded in Common Geocoding Format that is displayed in most GPS units. Examples of positions are below: ◆ Latitude may be recorded as *N41 25.117* ◆ Longitude may be recorded as *W83 58.292*
UTM Coordinates (Grid Zone Designator, Easting, Northing)	Universal Tranverse Mercator (UTM) coordinates may be used as an alternative method for recording remote locations where specimens have been collected. Positions are defined by the following: ◆ Grid Zone Designator – This is a 2-digit number that indicates the zone in which the specimen is collected. ◆ Easting – This is a 6 to 8 digit number indicating the east-west position. ◆ Northing – This is a 6 to 8 digit number indicating the north-south position.

Sections on the Form

Brief Clinical Summary

The Brief Clinical Summary section appears below:

BRIEF CLINICAL SUMMARY (Include signs, symptoms, and underlying illnesses if known)

Figure 13 – Brief Clinical Summary Section

This section is used to enter a brief clinical summary for the animal which may include signs, symptons, and underlying illnesses, if known.

Field Name	Field Instructions
Brief Clinical Summary	Enter a brief clinical history for the animal (250 character limit). If you need to include more information, attach additional documentation (e.g., worksheet) to the form.

Sections on the Form

State of Illness

The State of Illness section appears below:

STATE OF ILLNESS
- ☐ Symptomatic
- ☐ Asymptomatic
- ☐ Acute
- ☐ Chronic
- ☐ Convalescent
- ☐ Recovered

Figure 14 – State of Illness Section

This section is used to select one or more characteristics to describe the animal's state of illness.

Field Name	Field Instructions
Symptomatic	Select, if applicable.
Asymptomatic	Select, if applicable.
Acute	Select, if applicable.
Chronic	Select, if applicable.
Convalescent	Select, if applicable.
Recovered	Select, if applicable.

Sections on the Form

Type of Infection

The Type of Infection section appears below:

Figure 15 – Type of Infection Section

This section is used to select one or more types of infection the animal may have.

Field Name	Field Instructions
Upper respiratory	Select, if applicable.
Lower respiratory	Select, if applicable.
Cardiovascular	Select, if applicable.
Gastrointestinal	Select, if applicable.
Genital	Select, if applicable.
Urinary tract	Select, if applicable.
Sepsis	Select, if applicable.
Central nervous system	Select, if applicable.
Skin/soft tissue	Select, if applicable.
Ocular	Select, if applicable.
Joint/Bone	Select, if applicable.
Disseminated	Select, if applicable.
Other, specify	If you do not see the type of infection listed, then type the infection you desire in the space provided.

Sections on the Form

Therapeutic Agent(s) During Illness

The Therapeutic Agent(s) During Illness section appears below:

Field Name	Field Instructions
Agent	Select the treatment.
Start Date	Enter/select the date treatment started.
End Date	Enter/select the date treatment ended.

Figure 16 – Therapeutic Agent(s) During Illness

This section is used to specify one or more relevant therapeutic agents that the animal has received.

Sections on the Form

Extent

The Extent section appears below:

EXTENT
- ☐ Isolated case   Herd Size: [____]
- ☐ Carrier   No. in herd affected: [____]
- ☐ Contact   No. in herd dead: [____]
- ☐ Outbreak
- ☐ Epizootic
- ☐ Other, specify [____]

Figure 17 – Extent Section

This section is used to establish the extent of the animal's illness. Is the illness an isolated case or is there an outbreak?

Field Name	Field Instructions
Isolated Case	Select, if applicable.
Carrier	Select, if applicable.
Contact	Select, if applicable.
Outbreak	If the extent of the outbreak is not listed, enter it in the Other field (e.g., petting zoo).
Epizootic	Record an outbreak as epizootic if it has rapidly affected many animals in a specific area at the same time.
Herd Size	Enter the number of animals in the herd.
No. in herd affected	Enter the number of infected animals in the herd.
No. in herd dead	Enter the number of animals in the herd that have died.
Other, specify	Enter the extent of the infection(s) if different from those listed above. The character limit for this field is 30.

Sections on the Form

Travel History

The Travel History section appears below:

Figure 18 – Travel History Section

This section is used to indicate the animal's travel history, during the period of illness, including the dates of travel and travel destinations. The animal's state or country of residence may also be entered.

Field Name	Field Instructions
Travel	Indicate if the animal traveled during the period in which the infection was required.
Dates of Travel (begin date)	Enter the date travel begun.
Date of Travel (end date)	Enter the date travel was completed.
Travel Foreign (country)	If the animal traveled outside the U.S., select the country where the animal traveled. If there were more than three countries, enter the additional countries in the Brief Clinical Summary section.
Travel United States	If the animal traveled within the U.S., select the states where the animal traveled. If there were more than three states, enter the additional states in the Brief Clinical Summary section.
Foreign Residence (country)	If the animal spends a considerable time outside of the U.S., select the country of residence. An animal may have both a foreign and United States residence
United States Residence (states)	If the animal has a United States residence, enter the state of residence. An animal may have both a foreign and United States residence

Sections on the Form

Exposure History

The Exposure History section appears below:

Figure 19 – Exposure History Section

This section is used to indicate whether or not the animal came in contact with an animal or arthropod. The name of the animal or arthropod and the type of exposure such as a bite or scratch may also be selected.

Note: *If the value you require for the common or scientific name is not in the pick-list, select the blank entry at the top of the pick-list, and then handwrite the value on the printed form.*

Field Name	Field Instructions
Exposure	Select (yes, no, or unknown) to Indicate if the animal was exposed to any animal or arthropod that may have been associated with their infection.
Animal	Select, if the animal was exposed to another animal as a possible source of infection.
Type of Exposure	Select the type of exposure (e.g., bite, scratch).
Common name	Select a common name. The corresponding scientific name (if there is one) will auto-populate in the Scientific Name field.
Scientific name	Select a scientific name. The corresponding common name (if there is one) will auto-populate in the Common Name field.
Arthropod	Select, if the animal was exposed to an arthropod as a possible source of infection
Type of Exposure	Select the type of exposure (e.g., bite, scratch).
Common name	Select a common name. The corresponding scientific name (if there is one) will auto-populate in the Scientific Name field.
Scientific name	Select a scientific name. The corresponding common name (if there is one) will auto-populate in the Common Name field.
Human	Select, if the animal was exposed to a human as a possible source of infection.
Type of Exposure	Select the type of exposure (e.g., bite, scratch).

Sections on the Form

Relevant Immunization History

The Relevant Immunization History section appears below:

Figure 20 – Relevant Immunization History Section

This section is used to specify the animal's relevant immunization history, indicating the date and type of vacination(s) that were administered.

Field Name	Field Instructions
Immunization(s)	Select the immunization given to the animal.
Date Received	Enter the date the animal received the immunization.

Sections on the Form

Previous Laboratory Results/Comments

The Previous Laboratory Results/Comments section appears below:

PREVIOUS LABORATORY RESULTS / COMMENTS (Or attach copy of test results or worksheet)

Figure 21 – Previous Laboratory Results/Comments Section

This section is used to document any previous laboratory results and comments associated with the animal. If more space is required, additional documentation such as test results may be attached to the form.

Note: When attaching additional documentation to the form, please indicate that you are attaching additional information and note the name of the attached document in the Previous Laboratory Results/Comments section.

Field Name	Field Instructions
Previous Laboratory Results/Comments	Enter the animal's previous laboratory results (250 character limit), or any other relevant information not captured on this form. If more space is needed, attach additional documentation (e.g., worksheet) to the form. **Note:** This field is also used to record data for fields where more space is required.

Sections on the Form

CDC Use Only Barcodes

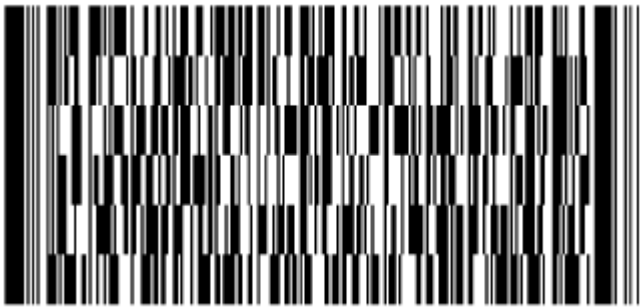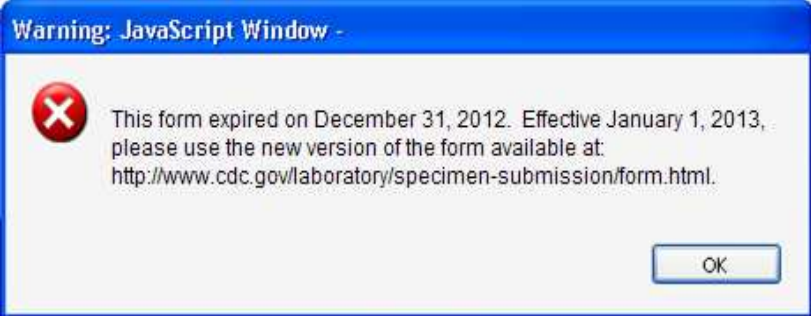The image below depicts a CDC Use Only Barcode section on the form.

Figure 22 – CDC Use Only Barcode Section

Information that is entered into the form is recorded and saved in one of three barcode sections that only appear when the form prints successfully. When a specimen is received at the CDC, the data from its corresponding Specimen Submission form is scanned via the barcodes directly into the CDC Enterprise LIMS. This eliminates the need for data entry and reduces the amount of human error.

*Caution: The form must be filled out on your computer, printed and then sent to the CDC with the specimen in order to take full advantage of the barcode functionality. **Information that is hand-written on the form will not be recorded in the barcodes.***

Expiring Template Forms

How to Obtain a Current Template Form

Overview	The Specimen Submission form contains a version number and expiration in the footer, on the bottom right side of both sides of the form. You will not be able to fill out the form or print the form after the expiration date. You will receive the following warning message each time you open the form, beginning two weeks prior to the expiration date: *"This form will expire on 'Month 99, 9999'. The form will no longer be fillable/printable after this date. Effective 'Month 99, 9999' you will have to download a new version of the form at: http://www.cdc.gov/laboratory/specimen-submission/form.html"* If you open the form after the expiration date, you will receive the following message: *"This form expired on 'Month 99, 9999'. Effective 'Month 99, 9999', please use the new version of the form available at: http://www.cdc.gov/laboratory/specimen-submission/form.html".*	**Warning: JavaScript Window -** This form expired on December 31, 2012. Effective January 1, 2013, please use the new version of the form available at: http://www.cdc.gov/laboratory/specimen-submission/form.html. OK
Action	Follow these steps to obtain a new form: 1. Discard all blank paper template forms, and blank template forms stored on your computer that reflect the expiration date. 2. Download a new version of the template form at: *http://www.cdc.gov/laboratory/specimen-submission/form.html*	**Version 1.0, Expiration Date: 07/31/2013**
Result	The downloaded form should reflect the new expiration date in the footer on the front and back of the form.	**Version 1.1, Expiration Date: 01/31/2014**