Table of Contents

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 Food, Environmental, Medical Device, or Biologic (FEMB) 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

Training Objectives

Upon completion of this material, users will be able to:

- ❖ List the overall improvements CDC ID laboratories are making to the specimen accessioning and reporting process
- ❖ Enumerate the benefits of using the new electronic Adobe specimen submission form
- ❖ Enter the necessary information on the updated submission form
- ❖ Link to the CDC Test Directory for essential information when ordering a test

Changes to the overall process

Changes to the overall process include:

- ❖ The 3rd barcode encodes page 2 of the Specimen Submission form, not the Intermediate Submitter information. Therefore the Intermediate Submitter information will be manually uploaded by CDC recipients.
- ❖ Submitter information is a dropdown menu selection.
- ❖ The "State PHL…", "Original Submitter", and "Intermediate Submitter" sections now contain a direct phone number and email address for the Point of Contact, and no longer contain a phone number for the institution.
- ❖ Updated Test Directory of Services

Enhancements that were implemented for Form 50.34 Version 2.0:

- ❖ Federal, State, and International Submitters can now use the dropdown feature for Institution Name, allowing users to select their Institution. Institutions are listed in alphabetically and users can easily find their Institution by typing the first letter of their state.
- ❖ Selecting Institution Name from the drop-down menu causes the Address, Fax, and Institutional Email fields to be auto-populated with contact information from standardized submitter records.
- ❖ The 'Previous Laboratory Results/Comments' is now two separate fields, "Previous Laboratory Results" and "Comments"
- ❖ When a test order with additional information or pre-approval requirement is selected, an information icon 🛈 or Additional form(s) required with alert pop-up window occurs.
- ❖ "Specimen Source (Type)" is a required field and will be highlighted in red when not data is not entered.
- ❖ Version and expiration date are updated: CDC 50.34 v2.0 (Expires December 8, 2017 at 11:59pm).

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

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

Benefits to PHLs

The benefits to the PHLs are included below:

- ❖ Select a test offered by CDC via dropdown menu
- ❖ Select their Institution Name via dropdown menu and have contact information auto-populated with standardized record information
- ❖ 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 supplemental forms, additional information, and CDC contacts for pre-approval and consultation.

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 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.
- ❖ Printing is prevented until all required data fields are filled appropriately to prevent missing information being sent to CDC.
- ❖ Pick-lists are provided to allow for the selection of valid field values which ensures the integrity of the data.
- ❖ Some pick-lists auto-populate fields which saves submitters time
- ❖ 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.

How the Form is Organized

The FEMB Specimen Submission form is a two-sided document that is divided into 16 sections.

Notes:

- The section numbers in the list below correspond to the section numbers on the sample form in figures 1 and 2.
- The barcodes on both sides of the form will not appear until the form is validated and printed successfully.

Front of the Form (Figure 1)

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

Figure 1: Specimen Submission Form (Front)

Back of the Form (Figure 2)

9. Specimen Identifiers
10. Sample Information
11. Sample Location Information
12. Additional Sample Information
13. Previous Laboratory Results
14. Comments
15. Barcode 2
16. Barcode 3

Figure 2: Specimen Submission Form (Back)
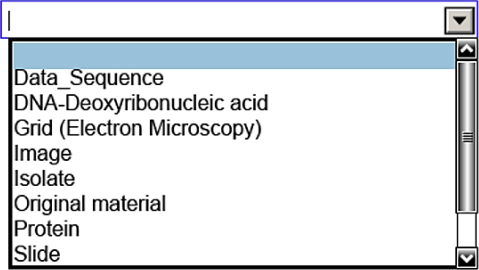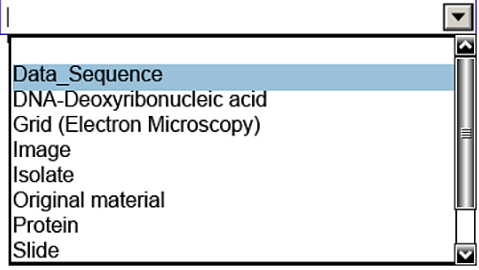
Entering Data

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

Using Picklists

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: ▼ Data_Sequence DNA-Deoxyribonucleic acid Grid (Electron Microscopy) Image Isolate Original material Protein Slide
Action	Follow these steps to select a value from a pick-list: Click the down-arrow for the field. The pick-list for the field appears. Click the value on the pick-list which best represents your selection.	Material submitted: ▼ Data_Sequence DNA-Deoxyribonucleic acid Grid (Electron Microscopy) Image Isolate Original material Protein Slide
Result	The value that you selected appears in the field.	Material submitted: Data_Sequence ▼

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 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: 05/13/2016 ◄ May, 2016 ► Sun Mon Tue Wed Thu Fri Sat 24 25 26 27 28 29 30 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 Today: 11/30/2016
Result	The date you entered or selected appears in the date field.	Date of death: 05/13/2016 MM/DD/YYYY

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: Acanthameoeba Molecular Detection Actinomyces - Anaerobic - ID Actinomycetes - Aerobic - ID Actinomycetes - Aerobic - ID and AST Adenovirus Molecular Detection and Typing Alkhurma Identification Alkhurma Serology Ameba Identification (Acanthamoeba, Balamuthia, Naegleria) Ameba Serology (Acanthamoeba, Balamuthia, Naegleria)
Result	The Test Order Name you selected appears, and the Test Order Code auto-populates based on your selection. The **Information** 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
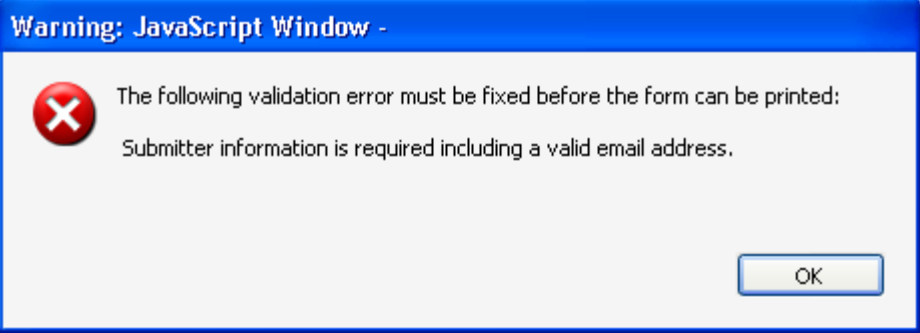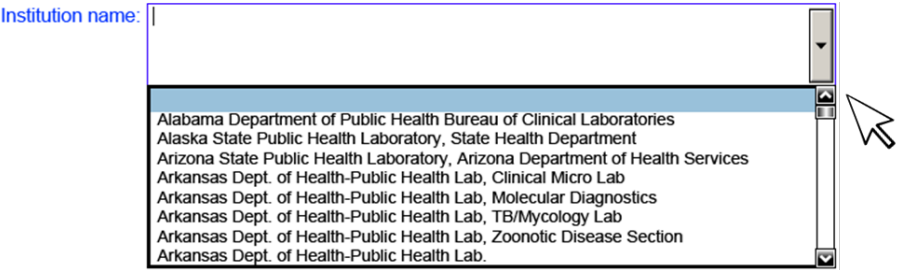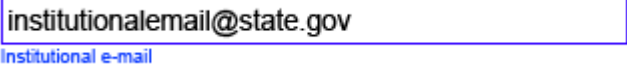
Test Order Name Requirements – Prior Approval and Supplemental Forms

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. For some test orders, you will be required to provide supplemental information. 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.*	Additional form(s) required Test order code: CDC-10274 Test order name: Alkhurma Identification **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.	
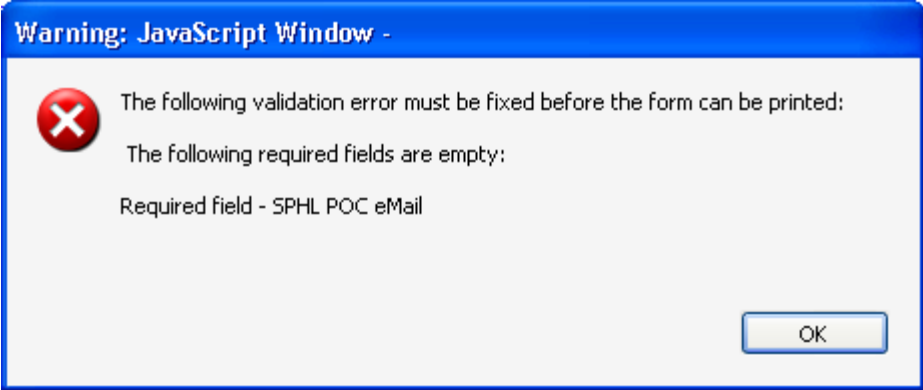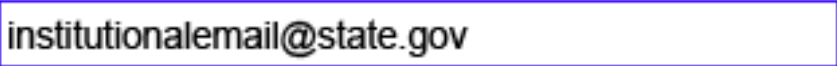
Entering Submitter Data

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. 2. Under the "State PHL…" section, select your institution from the "Institution Name" dropdown menu. You can also type the first letter of your state to find your institution name more quickly. Contact information from standardized records will appear. 3. If the institutional information that appears is not correct, erase the Institution Name and enter all data fields manually.	Institution name: Alabama Department of Public Health Bureau of Clinical Laboratories Alaska State Public Health Laboratory, State Health Department Arizona State Public Health Laboratory, Arizona Department of Health Services Arkansas Dept. of Health-Public Health Lab, Clinical Micro Lab Arkansas Dept. of Health-Public Health Lab, Molecular Diagnostics Arkansas Dept. of Health-Public Health Lab, TB/Mycology Lab Arkansas Dept. of Health-Public Health Lab, Zoonotic Disease Section Arkansas Dept. of Health-Public Health Lab.
Result	The submitter data and email address appears.	institutionalemail@state.gov Institutional e-mail

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.	Institutional e-mail
Result	The corrected email address appears.	institutionalemail@state.gov Institutional e-mail

Sections of the Form

Origin

The Origin section appears below:

Select the Specimen Origin to Begin the Form
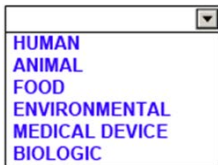
This section is used to specify the origin for the material you are submitting. The fields on the form will change based on the origin selected.

There will be three 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 the origin for the material you are submitting from the pick-list. Valid options are: ❖ Human ❖ Animal ❖ Food ❖ Environmental ❖ Medical Device ❖ Biologic The form will populate the fields that are specific to the origin selected.

Laboratory Examination Requested

The Laboratory Examination Requested section appears below:

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	The test order name is mandatory. The test order code will auto-populate based on the test order name
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.

Field Name	Field Instructions
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.

Specimen Information

The Specimen Information section appears below:

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 specimen or a specimen derivative 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 a sample 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'.

Field Name	Field Instructions
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).

CDC Use Only

The CDC Use Only section appears below:

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

State PHL Submitter

The State PHL Submitter section appears below:

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	Use the dropdown menu to select the institution name and specific department, if available.
Street address 1	Will autofill if dropdown is used or enter the street address, including the specific floor/room number.
Street address 2	Will autofill if dropdown is used or enter the post office box or mailstop.
City, State, Zipcode, Country	Will autofill if dropdown is used or enter the city, state or province, zip or postal code, and country.
Phone (country code, area code, local number, extension)	Will autofill if dropdown is used or 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)	Will autofill if dropdown is used or enter country code, area code, and local number in the appropriate fields (numbers only; no spaces or special characters).
Institutional e-mail	Will autofill if dropdown is used or 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.
Phone (country, area code, local number)	Enter the Point of Contact's direct phone number
POC e-mail	Enter the Point of Contact's direct email address
Sample ID	Enter the primary sample ID if assigned by the State PHL (SPHL). The number might be used for studies.
Specimen ID	Enter the primary specimen ID if assigned by the SPHL. The number might be used for studies.
Alternative Sample ID	Alternative sample ID if assigned by the SPHL.
Alternative Specimen ID	Alternative specimen ID if assigned by the SPHL.

Original Submitter

The Original Submitter section appears below:

ORIGINAL SUBMITTER: (Organization that originally submitted specimen for testing)

Name: (Laboratory Director or designee)

| Prefix | Last | First | MI | Suffix | Degree |

Institution name:

Street address:
Line 1
Line 2
City   ZIP/Postal code
State   Country

Fax:
Country code   Area code   Local number (e.g. 6390000)   Institutional e-mail

Point of contact: (Person to be contacted if there is a question regarding this order)

| Prefix | Last | First | MI | Suffix | Degree |

Phone:
Country code   Area code   Local number (e.g. 6390000)   POC e-mail

| Sample ID | | Alternative Sample ID | |
| Specimen ID | | Alternative Specimen ID | |

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
Street address 1	Enter the street address, including the specific floor/room
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).
Institutional e-mail	Enter an email address for the institution or lab director.
Point of Contact (prefix, last, first, middle initial, suffix, degree)	Enter the primary person in the laboratory who can answer questions regarding the specimen submission.
Phone (country, area code, local number)	Enter the Point of Contact's direct phone number
POC e-mail	Enter the Point of Contact's direct email address
Sample ID	Enter the primary sample ID if assigned by the State PHL (SPHL). The number might be used for studies.
Specimen ID	Enter the primary specimen ID if assigned by the SPHL. The number might be used for studies.
Alternative Sample ID	Alternative sample ID if assigned by the SPHL.
Alternative Specimen ID	Alternative specimen ID if assigned by the SPHL.

Intermediate Submitter

The Intermediate Submitter section appears below:

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).
Institutional e-mail	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.
Phone (country, area code, local number)	Enter the Point of Contact's direct phone number
POC e-mail	Enter the Point of Contact's direct email address
Sample ID	Enter the primary sample ID if assigned by the State PHL (SPHL). The number might be used for studies.
Specimen ID	Enter the primary specimen ID if assigned by the SPHL. The number might be used for studies.
Alternative Sample ID	Alternative sample ID if assigned by the SPHL.
Alternative Specimen ID	Alternative specimen ID if assigned by the SPHL.

Specimen Identifiers (Auto Populated)

The Specimen Identifier section appears below:

Original Specimen ID:	AND/OR Original Sample ID:	AND/OR SPHL Specimen ID:

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 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 Original Specimen ID, Original Sample ID, and the SPHL Specimen ID in the Specimen Identifier Section.

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

Sample Information

The Sample Information section appears below:

SAMPLE INFORMATION	
Brand/Manufacturer:	
Specific product name:	
Lot number:	
Expiration date:	
Quantity:	
Sample purchased or collected at:	
Business name:	
Street address (line 1):	
Street address (line 2):	
City:	
ZIP/Postal code:	
State:	
Country:	

This section is used to provide more information about the sample and the business from which it was collected which may be of public health importance.

Field Name	Field Instructions
Brand/Manufacturer	Enter the name of the manufacturer of the product, e.g., ABC Company.
Specific Product Name	Enter the specific name of the product, e.g. ABC No-fuss Contact Lens Solution.
Lot Number	Enter the lot number of the product if available, e.g., Lot No: 123-EZ-4436.
Expiration Date	Enter the expiration date for the product.
Quantity	Enter quantity of samples (aliquots) submitted
Business Name	Enter the name of the business at which the product was purchased.
Street address 1	Enter the street address, including the specific floor/room number.
Street address 2	Enter the post office box or mailstop.
City	Enter the city.
Zip/Postal Code	Enter the zip code or postal code.
State	Select the state or province.
Country	Select the country.

Sample Location Information

The Sample Location section appears below:

Food or environmental specimens may be collected in a field or from a body of water. Information about the location at which the specimen was collected is entered in these fields. Latitude and longitude at which specimens are collected may be recorded using Global Positioning System (GPS) Coordinates.

Field Name	Field Instructions
Sample collected at	Enter the location name, e.g., Walden Pond.
Latitude / Longitude	Global Positioning System (GPS) coordinates may be used, if they have been documented for specimens that have been collected at remote locations. 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.
Environmental Temperature	Record the temperature of the environment from which the sample was collected including the unit (e.g. ºC, ºF)
Sample collected at	Enter the location name, e.g., Walden Pond.

Additional Sample Information

The Additional Sample Information section appears below:

ADDITIONAL SAMPLE INFORMATION (Product or sample collection location information)

This section is used to provide information that has not been collected previously and which may be relevant for laboratories performing testing.

Field Name	Field Instructions
Additional Sample Information	Provide any additional information regarding the sample that may be relevant for laboratories performing testing. The character limit for this field is 250 characters. If the information does not fit in the field, then attach additional documentation (e.g., worksheet) to the form.

Previous Laboratory Results

The Previous Laboratory Results section appears below:

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

This section is used to document any previous laboratory results associated with this specimen. Additional documentation such as test results may be attached to the form. Any additional information about the submitted specimen can be captured in "Comments"

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 section.

Field Name	Field Instructions
Previous Laboratory Results	Enter the sample's previous laboratory results (250 character limit). If more space is needed, attach additional documentation (e.g., test results, worksheet) to the form and/or continue under "Comments".

Comments

The Comments section appears below:

This section is used to document any additional information about the submitted specimen or when more space is required for other data fields.

Field Name	Field Instructions
Comments	Enter additional information related to the specimen (250 character limit). This field is also used to record data for fields where more space is required.

CDC Use Only Barcodes

The image below depicts a CDC Use Only Barcode.

50.34 version 2.0 | FEMB Specimen Submission Form Training Guide

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.
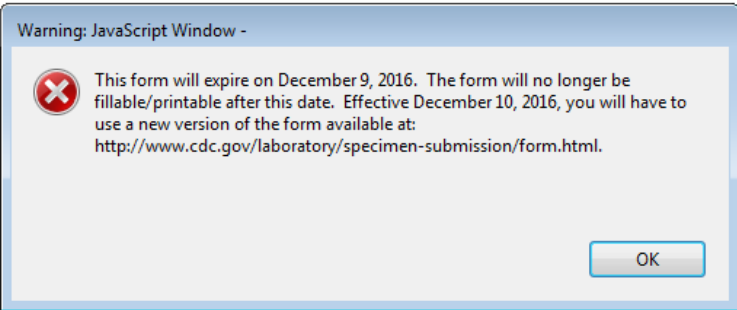
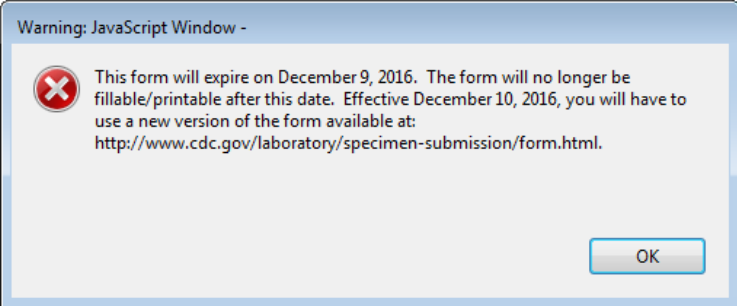| Field Name	Field Instructions
Barcode 1	Encodes information on page 1, left column
Barcode 2	Encodes information on page 1, right column
Barcode 3	Encodes information on page 2

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 will expire on December 9, 2016. The form will no longer be fillable/printable after this date. Effective December 10, 2016, you will have to use a 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 2.0, Expiration Date: 12/08/2017**

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 will expire on December 9, 2016. The form will no longer be fillable/printable after this date. Effective December 10, 2016, you will have to use a new version of the form available at: http://www.cdc.gov/laboratory/specimen-submission/form.html. OK
Result	The downloaded form should reflect the new expiration date in the footer on the front and back of the form.	**Version 2.0, Expiration Date: 12/08/2017**