

Centers for Disease Control and Prevention (CDC)
Atlanta, GA 30333**SPECIMEN SUBMISSION FORM FOR POTENTIAL CASES OF SARS****PATIENT IDENTIFICATION INFORMATION****MANDATORY: CDC SARS NUMBER** _____

(Provided through State Health Department)

Patient Name _____ State Health Department Number _____

Patient Date of Birth and Age: ____/____/____ (MM/DD/YY) ____ years Gender: Male Female

Patient's Residence: _____ (Town/Province/State/County)

Date of Onset: ____/____/____ (MM/DD/YY)

SPECIMENS FOR THIS PATIENT BEING SENT IN THIS SHIPMENT**I. UPPER RESPIRATORY TRACT**☐ A. Nasopharyngeal wash/aspirate

Date of Collection: ____/____/____ (MM/DD/YY)

☐ B. Nasopharyngeal/oropharyngeal swabs

Date of Collection: ____/____/____ (MM/DD/YY)

II. LOWER RESPIRATORY TRACT☐ Bronchoalveolar lavage (BAL), tracheal aspirate, or pleural tap

Date of Collection: ____/____/____ (MM/DD/YY)

III. BLOOD COMPONENTS**A. Serum**☐ 1. Acute

Date of Collection: ____/____/____ (MM/DD/YY)

☐ 2. Convalescent (Min. 22 days after onset of fever)

Date of Collection: ____/____/____ (MM/DD/YY)

B. Whole Blood☐ 1. Acute

Date of Collection: ____/____/____ (MM/DD/YY)

☐ 2. Convalescent (Min. 22 days after onset of fever)

Date of Collection: ____/____/____ (MM/DD/YY)

IV. TISSUE (from deceased patients only)☐ A. Fixed Tissue

Date of Collection: ____/____/____ (MM/DD/YY)

☐ B. Frozen Tissue

Date of Collection: ____/____/____ (MM/DD/YY)

VI. STOOL☐ 10 – 50 ml of stool in a tightly sealed stool cup or urine container

Date of Collection: ____/____/____ (MM/DD/YY)

VII. ADDITIONAL SPECIMENS (Please describe)

Date of Collection: ____/____/____ (MM/DD/YY)

Date of Collection: ____/____/____ (MM/DD/YY)

Label all packages: **“Diagnostic Specimens. UN 3373. Packed in compliance with IATA packing instructions 650”.**

Follow packaging guidelines given in “Packing Diagnostic Specimens for Transport: Summary Instructions”

(www.cdc.gov/ncidod/sars/packingspecimens-sars.htm). Use specimen collection instructions given in “Collection and Handling of Specimens for the Evaluation of Potential Cases of SARS”(www.cdc.gov/ncidod/sars/specimen_collection_sars2.htm.)

Address the packages to:

STAT Lab Phone: (770)-488-7100**Bldg. 4, Rm B35, MS G-12****Centers for Disease Control and Prevention****1600 Clifton Road NE****Atlanta, GA 30333**