

MDH Infectious Disease Lab General Submission Form Guidance

Submitter Information

Submitting Facility: Required. Full name and address, no abbreviations. Lab or facility sending in specimen/isolate. Results **will only** be faxed to facility on this line.

Name of Person Filling Out Form: MDH may need to contact you for additional information.

Phone: Phone number for contact with issues about missing/unreadable/mismatched data on the specimen or form.

Originating Facility: Required. Full name, no abbreviations. The facility where the specimen/isolate was collected. If unknown, indicate such.

Ordering Provider: Original medical professional ordering test. First and last name are required. If first and last name are not given, provider will be listed as **UNKNOWN**.

Project Number: Optional. MDH project number if known.

Patient Information

Patient name (last and first) is required, and must match the information on the specimen label.

Last name: Required

First name: Required

Address: State and Zip Code strongly preferred. Used to ensure lab results are forwarded to the correct public health jurisdictions. The patient address will not appear on the report.

Medical Record Number: Strongly preferred. Used to match patients within the system and link prior test results. Other unique *patient* identifiers are also acceptable. **DO NOT** enter submitter sample ID here. The Patient MRN# will appear on the report.

Date of Birth: Required

Race: Optional

Ethnicity: Optional

Specimen Information

Submitter Sample ID: Submitting lab accession or order number. If submitter is a correctional facility, long-term care facility, or other non-clinical lab, this number may be omitted. The submitter sample ID will appear on the report.

Date of Collection: Required

Collection Time: Preferred, but not required for most tests. Will default to 00:00 AM if not provided.

Reportable Disease/Referral

If the specimen/isolate **is not being submitted** as a reportable disease skip this section. Use “**Test Request**” section for other submissions.

Complete section if specimen/isolate is being submitted for the Reportable Disease Rule. For a current list of reportable diseases, refer to:

<https://www.health.state.mn.us/diseases/reportable/rule/index.html>

Test will be assigned by MDH as necessary.

Reportable Disease – Specimen

Source: Specimen source is required. If choosing “**Other**”, please use “**Site**” to indicate source that is not listed.

Site: Include any required descriptors, such as the type of body fluid, site of a swab, biopsy, or wound.

CIDT: Select the name of the Culture Independent Diagnostic Testing (CIDT) platform that was used. If choosing “**Other**”, please use “**Comments**” section at the bottom to describe test used.

Organism 1-3: Use these fields pull down arrow menu list to select organism/s identified by the used CIDT method. Choose up to 3 different organisms.

Organism 4 / Specify Other: If 4 or more different organisms were identified, use this field to list all other.

Reportable Disease – Isolate

Source: Isolate source is required. If choosing “**Other**”, please use “**Site**” to indicate source that is not listed.

Site: Include any required descriptors, such as the type of body fluid, site of a swab, biopsy, or wound.

Organism: Use field pull down arrow menu list to select organism. If choosing “**Other**”, please use “**Comments**” section at the bottom to describe test used.

Referral Testing at CDC

Some tests are sent directly to CDC from MDH. If you know the name or test code enter it here. Contact Infectious Disease Epidemiology Prevention and Control at 651-201-5414 or 877-676-5414 before sending any CDC submissions requiring preapproval. Please provide the name of the epidemiologist providing approval, if known.

Test and Epidemiology Information

Use this section to order tests on specimens/isolates not submitted as part of the Reportable Disease Rule. Sections are based on laboratory areas (e.g., virology, mycobacteriology, etc.). Some testing areas request additional information to guide testing performed.

Source: Specimen or Isolate source is required. If choosing “**Other**”, please use “**Site**” to indicate source that is not listed.

Site: Include any required descriptors, such as the type of body fluid, site of a swab, biopsy, or wound.

Test Requested: Select/Indicate which test you are requesting. Certain tests, as indicated on the form, require notification or approval from the Minnesota Department of Health prior to submission. Please provide the name of the Epidemiologist providing approval, if known.

Other: Use this section if your testing request is not listed anywhere else on the MDH submission form.

Minnesota Department of Health
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601 Robert Street North
PO Box 64899
St. Paul, MN 55164-0899
651-201-5200
health.mdhlab@state.mn.us
www.health.state.mn.us/about/org/phl/topics/index.html

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To obtain this information in a different format, call: 651-201-5200.