



Submit sample(s) to:
 MN Public Health Laboratory
 Infectious Disease Lab
 601 Robert St. N
 St. Paul, MN 55155

Phone 651-201-5200
 Fax 877-694-4502
 Sample Receiving 651-201-4953
 CLIA# 24D0651409

MDH Lab Use Only
 Condition:
 Ambient
 Refrigerated
 Frozen
 Barcode
 Label

Antimicrobial Resistance (AR) Laboratory Network Central Region Lab

Clinical Testing and Submission Form

* Required Fields

Submitter	*Submitting Facility: *Address: City: State: Zip: Name of Person Filling Out Form: Phone: Originating Facility Name: Originating Facility is same as Submitting City: State: Zip:	Test and Epidemiology Information	Choose Test Requested (TEST CODE): Specimen Test Requested Candida auris Colonization Screening by Candida auris PCR (CAPCRPF) Carbapenem Resistant Organism Colonization Screening by Carba-R (CARBAR) KPC/NDM/OXA-48/VIM/IMP rectal source testing Carbapenem Resistant Organism Colonization Screening by Culture (CPOCX) Specify testing needed: CRAB culture testing IMP culture testing KPC/NDM/OXA-48/VIM/IMP non-rectal source testing										
	*Last Name: *First Name: Address: City: State: Zip: Patient MRN #: *Date of Birth: (mm/dd/yyyy) Sex: Race: Ethnicity:		Isolate Test Requested CRA Carbapenem-resistant Acinetobacter Project 2175 (CRA) CRE Carbapenem-resistant Enterobacterales Project 2175 (CRE) CRP Carbapenem-resistant Pseudomonas Project 2175 (CRP) For tests above (CRA, CRE and CRP) provide applicable lab results: - Copy of AST report from testing instrument (Vitek, Phoenix, Microscan, etc.) - Phenotypic and/or molecular carbapenemase test results (if performed) using the CRO Isolate - Supplemental Submission Form www.health.state.mn.us/diseases/idlab/arln.html Yeast identification/AFST Project 2180 (YEASTID) S. pneumoniae serotyping/AST Project 2181 (SPNSER) Expanded Antibiotic Testing for Enterobacterales (ASTEXP - CRE) Requires MDH approval† AR Lab Network Bacteria Sequencing (ARLNSEQ) Candida auris Sequencing (CASEQ) †Email the ARLN team with approval requests or questions at arlnmn@state.mn.us Submitting Laboratory: Comments										
	Submitter Sample ID#: *Date of Collection (mm/dd/yyyy): Time of Collection: (##:##) AM PM Submitting Lab Organism/Result: Source Type/Site: <table border="0"> <tr> <td>Axilla/Groin Swab</td> <td>Sputum</td> </tr> <tr> <td>Blood</td> <td>Tissue (specify)</td> </tr> <tr> <td>Bronchial Wash</td> <td>Tracheal Aspirate</td> </tr> <tr> <td>Bronchoalveolar lavage (BAL)</td> <td>Urine</td> </tr> <tr> <td>Fluid (specify)</td> <td>Wound Swab (specify)</td> </tr> <tr> <td>Rectal Swab</td> <td>Other (specify)</td> </tr> </table> Specify Additional SourceType/Site Information:		Axilla/Groin Swab	Sputum	Blood	Tissue (specify)	Bronchial Wash	Tracheal Aspirate	Bronchoalveolar lavage (BAL)	Urine	Fluid (specify)	Wound Swab (specify)	Rectal Swab
Axilla/Groin Swab	Sputum												
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Fluid (specify)	Wound Swab (specify)												
Rectal Swab	Other (specify)												
Specimen													