Minnesota Department of Health, Unexplained Deaths and Illnesses Project
Specimen Submission Form

Patient Information:
Last Name: ____________________________
First Name: ____________________________
Address: ______________________________
City/Zip: _______________________________
Date of Birth: __________________
MDH Case ID: XMN_______________

Results Reported To:
Submitter Number: 8535 (MDH Epidemiology)
Contact Name: Stacy Holzbauer

Death Date: _______________________

Critical Illness

Specimen Information:

<table>
<thead>
<tr>
<th>MDH # (MDH use only)</th>
<th>Submitter's Specimen #</th>
<th>Source</th>
<th>Type (frozen, formalin, etc.)</th>
<th>Collect Date</th>
<th>Collected (pre or postmortem)</th>
<th>Aliquots (MDH use only)</th>
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Submitting Facility Information:
Facility Name: ___________________________
Address: ________________________________
City/Zip: ________________________________
Contact Number: _________________________

For MDH use only:

For information on what specimens to send, please contact 651-201-5592 or visit [http://www.health.state.mn.us/divs/dhp/topics/unexplained/collection.html](http://www.health.state.mn.us/divs/dhp/topics/unexplained/collection.html)

For information on shipping, please call DASH at 651-201-4953.

Deliveries are accepted at MDH from 8:00-4:30, Monday- Friday
Address: 601 North Robert Street, St. Paul, MN 55155

1/12/2014