



Clinical Testing and Submission Form Instructions

GENERAL INSTRUCTIONS

1. Certain fields are required by CLIA. Requests cannot be processed without the required information.
2. Do not write on the top of the form in the space marked “MDH Lab Use Only.” Any additional comments or instructions can be written on the bottom of the page in the space marked “Submitting laboratory’s comments.”
3. If the submission is for a specific project, please include the MDH lab project number in the box at the top of the form.
4. Attach a fee sticker, if required, in the marked space at the top of the form.

PATIENT INFO

5. Patient name (last and first) or ID # is required, and must match the information on the sample. For patient ID #, use **ONE** identifying number, such as medical record number, chart number, or other ID number.
6. Patient date-of-birth is required (or alternatively, age and sex), and must match the information on the sample.

FACILITY INFO

7. The specific name and city of the submitting facility are required. Due to multiple facilities with identical/similar names, please be precise and do not use acronyms. Your facility’s sticker or address label is acceptable as long as the required information is included and it does not obscure other fields.
8. Include your MDH submitter number, or add it to your facility’s address sticker. *Please note: Test results will only be reported to the submitting facility entered on this form.*

SPECIMEN OR ISOLATE SOURCE INFORMATION

9. Check the box indicating whether this is a specimen or an isolate, and enter the collection date. These are required fields, and your request cannot be processed without this information.
10. Lab sample # is an optional field to indicate your facility’s lab accession number. It should not duplicate patient ID #.
11. The source of the sample is required. Include any required descriptors, such as the type of body fluid, or site of a swab, biopsy or wound. Use the “other” field to add additional descriptors or to indicate a source that is not listed. If sample is an isolate, please indicate the original source.
12. ***If this is a required submission per the Reportable Disease Rule (Chapter 4605), please see additional instructions on the next page.***

TEST REQUESTED

13. Indicate which test you are requesting. If this is a required submission per #12 above, do not select any tests.
14. Certain tests, as indicated on the form, require notification or approval from the Minnesota Department of Health prior to submission.

MDH Microbiology Laboratory: 651-201-5073

MDH Specimen Receiving: 651-201-4953

MDH Infectious Disease Epidemiology: 1-877-676-5414

MDH Public Health Laboratory website: www.health.state.mn.us/divs/phl/

MDH Public Health Laboratory • 601 Robert St N • St. Paul MN 55155



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REQUIRED SUBMISSIONS

If this is a required submission per the Reportable Disease Rule (Chapter 4605):

- A) Check the box and specify the organism.
- B) Enter clinician name and phone number under Facility Info. MDH may need to contact you for additional information.
- C) Do not request any tests*. MDH will determine which tests to run.
- D) *Exception for reportable results using non-culture methods (eg. STEC, Cryptosporidium, Campylobacter)
 - If requesting confirmation of positive results, check the appropriate ID/confirmation box under Test Requested. MDH will send a report of their findings.
 - If confirmation is not requested, the MDH report will acknowledge receipt of sample (eg. "We have received STEC positive broth.")
 - Please note: Infectious Disease Epidemiology is notified and acts on these reports. The laboratory, the physician, and the patient may be called for additional information.

Further information about the Communicable Disease Reporting Rule can be found at:
www.health.state.mn.us/divs/idepc/dtopics/reportable/rule/

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