Instructions: Clinical Testing and Submission Form

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 spaces marked “MDH Lab Use Only.” Any additional comments or instructions can be written at 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 (if known).
4. As of August 31, 2014, fee stickers are no longer required or accepted.

Patient Info
5. Complete as much of the patient information as possible on the form. Again, requests cannot be processed if the certain fields required by CLIA are not provided.
6. There must be two unique forms of identification on the specimen sample that match the patient information provided on the Clinical Testing and Submission Form, otherwise the sample will be rejected:
   A. One patient identifier required on the sample must be patient name (last and first) or the patient ID #. For patient ID #, use a unique identifying number, such as the medical record number, chart number or other ID number. Identifiers such as 1, 12, A, B, etc. are not unique.
   B. The second identifier on the sample must be one of the following: patient date of birth (DOB), patient age and sex, or patient ID #. The patient ID # can only be used as the second identifier if the first identifier is the patient name (last and first).

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 (if known), 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 bodily 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 a sample is an isolate, please indicate the original source.
12. If this is a required submission per the Communicable Disease Reporting Rule (Chapter 4605), please see additional instructions under the Required Submissions section on the next page.
Test Required

13. Indicate which test you are requesting. If this is a required submission per #12 above, do no select any test.

14. Certain tests, as indicated on the form, require notification or approval from MDH prior to submission.

Required Submissions

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

A. Check the box within the rectangle that contains the stop sign and the language “Check box AND specify organism if this is a required submission per the Reportable Disease Rule (Chapter 4605),” and then specify the organism in the organism field to the right of that rectangle.

B. Enter clinician name and phone number under the 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 (e.g. 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.

E. 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 online at: Reportable Disease Rule (http://www.health.state.mn.us/divs/idepc/dtopics/reportable/rule/).

Contact Information

MDH Microbiology Laboratory: 651-201-5073
MDH Specimen Receiving: 651-201-4953
MDH Infectious Disease Epidemiology: 1-887-676-5414
MDH Public Health Laboratory website (http://www.health.state.mn.us/topics/lab/index.html)

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