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: Is this supposed to be the phone number of the person filling out the form, or the phone number of the submitting or originating facility?

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

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.

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**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](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 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 where 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 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 pre approval. Please provide the name of the epidemiologist providing approval, if known.

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**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.