DEPARTMENT OF HEALTH

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

Phone (651) 201-5200
Fax (651) 201-5070
Specimen Receiving (651) 201-4538
CLIA# 24D0651409

MDH Lab Use Only
Condition:
Ambient
Frozen
Refrigerated
Barcode Label

MIISP / SSORD Surveillance Specimen Submission Form

* Required Fields

Submitter

*Submitting Facility: (Results sent here)

*Address:

City: State: Zip:

Name of Person Filling Out Form:

Phone # for questions/alert values:

Ordering Provider:

Project Number: 1399

Patient

*Last Name:

*First Name: MI:

Patient Phone Number:

Address:

City: State: Zip:

County:

Patient MRN #:

*DOB (mm/dd/yyyy):

Sex:
- ☐ Male
- ☐ Female
- ☐ Other or Unknown

Race:
- ☐ American Indian/Alaska Native
- ☐ Asian
- ☐ Black
- ☐ Native Hawaiian/Pacific Islander
- ☐ White
- ☐ Other not listed
- ☐ Unknown/Not Provided

Ethnicity:
- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Not Provided

Specimen

Sample ID:

*Date of Collection (mm/dd/yyyy):

Time of Collection (##:##): ☐ AM ☐ PM

* Transport Media:
- ☐ VTM/UTM
- ☐ Saline

* Storage Condition Prior to Transport:
- ☐ Refrigerated
- ☐ Frozen

*Source:
- ☐ Nasal Swab
- ☐ Nasopharyngeal Swab (NP Swab)
- ☐ Oropharyngeal Swab (OP Swab, Throat Swab)
- Other, specify:

Test and Epidemiology Information

Collection Facility Information

*Collection Facility Name:

☐ Collection Facility is the same as Submitting Facility.
Skip to section - Facility Type

Address:

City: State: Zip:

Patient Epidemiological Information

*Does patient have symptoms? If yes, check all that apply:

- ☐ Fever
- ☐ Cough
- ☐ Sore Throat
- ☐ Rhinorrhea/runny nose
- ☐ Coryza/stuffy nose
- ☐ Wheeze
- ☐ Shortness of breath
- ☐ Apnea
- ☐ Chills
- ☐ Muscle aches/pains (myalgias)
- ☐ Headache
- ☐ Malaise
- ☐ Anorexia
- ☐ Loss of taste
- ☐ Loss of smell
- ☐ Conjunctivitis
- ☐ Earache
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Other symptoms (specify):

Onset Date (mm/dd/yyyy):

Test Information and Comments

Test Requested: ☑ Influenza SARS-CoV-2 Multiplex PCR (FluSC2PCR)

Submitting Laboratory - Specify Any Other Information or Comments:

May 2023 v1.5