

**Special Pathogens Branch
DVRD, NCID
Centers for Disease Control and Prevention
Specimen Submission Form**

Special Pathogens Branch, Division of Viral and Rickettsial Diseases, performs a variety of diagnostic techniques for viral hemorrhagic fevers. However, because of the hazard associated with handling specimens and virus isolation, testing is done only with prior consultation. Without prior consultation the choice of tests and the availability of appropriate specimens may delay the initiation of testing. Consultation is available 24 hours a day by calling 404 639 2888. During normal business hours (8:00-4:30 EST) the SPB phone number is 404 639 1115; FAX 404 639 1118 or 1509.

Patient's Name: _____ Patient # _____
 Patient's Date of Birth [or Age]: _____ (MM/DD/YYYY) or _____ (years) Patient's Sex: M F
 Patient's Residence: _____ (Town/Province/State/Country)
 Date of Onset: _____ (MM/DD/YYYY)
 Date of Death (if applicable): _____ (MM/DD/YYYY)

Brief Clinical Description (including hematology, chemistries, or laboratory tests; include recent travel history):

Differential Diagnoses: _____

Specimens Submitted:	Date collected
Serum (acute) Spec. ID# _____	_____ (MM/DD/YYYY)
Serum (convalescent) Spec. ID# _____	_____ (MM/DD/YYYY)
Whole blood Spec. ID# _____	_____ (MM/DD/YYYY)
Blood Clot Spec. ID# _____	_____ (MM/DD/YYYY)
Date of Autopsy _____	(MM/DD/YYYY)

Label all specimens with:
 1) First and last name of patient
 2) Patient Number
 3) Specimen ID Number
 4) Date the specimen was collected
 5) Type of specimen

Tissues, frozen (please list types):

Tissues, formalin fixed (please list types):

Other comments:

Person submitting specimens: _____

Laboratory: _____

Address: _____

Phone Number: _____
 Fax Number: _____

E-mail: _____

Date: _____

****Please read and complete entire form—Failure to do so may cause a delay in testing.****