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Laboratory use only

**GEORGIA PUBLIC HEALTH**

**CRE/ARLN SENTINEL LABORATORY SUBMISSION FORM**

***(Do Not Use for Newborn Screening Tests)***

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| ***HEALTH CARE PROVIDER INFORMATION***  | ***PATIENT INFORMATION*** |
| **Submitter Code** | **Patient ID Number** | **PATIENT NAME Last**  | **First** | **MI** | **Suffix** |
|  |   |   |   |   |   |   |   |  |       |          |       |   |   |
| **Submitter Name**  | **County of Residence** | **DOB** |
|       |          | \_\_\_/\_\_\_/\_\_\_\_\_\_ |
| **Street Address** | **Home Phone:** | **Cell Phone:** | **Work Phone:** |
|                 |        |        |        |
|  | **Address** | **City,** | **State** | **Zip** |
|  |                 |          |   |       |
| **City** | **State** | **Zip** |  |  |  |  |
|       |   |       |  |  |  |  |
| **Phone Number** | **EIP Number/Specimen ID** |
|       |       |
| **Fax Number** | **Race** | **Ethnicity** | **Gender** |
|       | [ ]  American Indian/Alaska Native [ ]  Asian [ ]  Black/African-American [ ]  Native Hawaiian/Pacific Islander[ ]  White/ Caucasian[ ]  Multi-Racial  | [ ]  Hispanic or Latino [ ]  Non-Hispanic or Latino | [ ]  Male [ ]  Female |
| **Contact Name** |  | **Pregnant?**[ ] Yes [ ] No [ ] N/A |
|       |  |  |
| **[ ] APPROVAL CODE:** **EPI-14-14-4242730** | **Travel in the past month?** [ ]  Yes [ ]  No **Travel Dates**? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Where?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Other lab tests performed and results: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suspected organism: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| ***SPECIMEN INFORMATION TEST REQUESTED*** |
| **Specimen Type:**[ ]  Isolate (Microbial) Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  Date of Collection\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ Time of Collection \_\_\_\_\_:\_\_\_\_\_ [ ] AM [ ] PM **Shipped:**[ ]  Frozen [ ]  Refrigerated [ ]  Room TemperatureSymptoms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of onset \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_ | ***CRE Surveillance and Response*** |
|  |  |  | **[ ]** 12100 **Microbial Identification for CRE|CRPA****[ ]** 3999 **Forward to TN ARLN** **[ ]  Candida auris rule out****[ ]  Sentinel Reporting (ESBL, *Candida glabrata,* CR-Acinetobacter)****[ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **CRE submission form for Sentinel Providers** |
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