****

Laboratory use only

**GEORGIA PUBLIC HEALTH**

**CRE/ARLN SENTINEL LABORATORY SUBMISSION FORM**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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 Temperature  Symptoms  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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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