

## Instructions for Completing the CDC Specimen Submission Form 50.34

**Form 50.34 is a fillable pdf: Complete form on your computer and print the form.**

### How to fill out form CDC 50.34:

- 1) (*Page 1*) In the box to the left of "CDC SPECIMEN SUBMISSION FORM: SPECIMENS OF HUMAN ORIGIN" select HUMAN from the drop down menu list.
- 2) **Box: "LABORATORY EXAMINATION REQUESTED"** This information should be pre-filled if not:
  - a. **Test order name enter** –select Chlamydia trachomatis, Genital - Molecular Detection from the drop down menu list.
  - b. **Test order code** - is CDC-10192.
  - c. **Suspected agent** – Select Chlamydia trachomatis from the drop down menu.
  - d. **Date sent to CDC** – Leave blank
  - e. **AT CDC**, bring to the attention of key in – **Dr. Allan Pillay**
- 3) **Box: PATIENT INFORMATION**
  - a. **Patient Name** – enter LAST, FIRST (names)
  - b. **Birthdate** – enter the Date of Birth or select it from the drop down menu calendar.
  - c. **Age** – enter age
  - d. **Age units** – enter unit or select from the drop down menu.
  - e. **Sex** - enter sex or select from the drop down menu.
  - f. **Clinical Diagnosis** – can be left blank
  - g. **Date of onset** - enter the Date of Onset.
  - h. **Fatal** – can be left blank.
  - i. **Date of death** – can be left blank.
- 4) **Box: SPECIMEN INFORMATION**
  - a. **Specimen collection** - enter the Date of Collection **THIS IS A MANDATORY FIELD.**
  - b. **Time** - can be left blank
  - c. **Material submitted** - Select ORIGINAL MATERIAL or other appropriate selection from the drop down menu.
  - d. **Specimen source (type)** - Select RECTAL SWAB or other appropriate specimen type from the drop down menu.
  - e. Next 6 Entries - Specimens source modifier -Transport medium/Specimen preserv. *leave blank*
  - f. **Specimen handling** - Select Frozen Dry Ice (IDPH Chicago Lab will ship the specimens frozen on dry ice).
- 5) **Box: CDC USE ONLY** – no entries are needed
- 6) **Box: STATE PHL / NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE/ FEDERAL AGENCY / INTERNATIONAL INSTITUTION / PEACES CORPS**

**This information should be pre-populated, if not:**

  - a. **Name** - enter – **Mr. Charles, Edward, M**
  - b. **Institution name** – enter Illinois Department of Public Health – Chicago Laboratory
  - c. **Street address**- enter: 2121 West Taylor; Second floor; Chicago; 60612; Illinois; United States
  - d. **Phone** – 312-793-4760
  - e. **Fax** – 312-793-0426
  - f. **Institutional e-mail** – [DPH.Lab.Chicago@Illinois.gov](mailto:DPH.Lab.Chicago@Illinois.gov)
  - g. **Point of contact** - leave blank
  - h. **Patient ID; Alternative Patient; Specimen ID Alternative Specimen ID** – leave blank
- 7) **Box: Original Submitter**
  - a. **Name** – leave blank
  - b. **Institution Name** – enter the name of your institution
  - c. **Street Address** – enter the address of your institution, City, State, Zip Code
  - d. **Phone; Fax; Institutional e-mail** - enter for your institution
  - e. **Point of Contact** – enter a Contact person from your institution
  - f. **Patient ID; Alternative Patient; Specimen ID Alternative Specimen ID** – leave blank
- 8) **Box: Intermediate Submitter** – leave entire box blank

**PAGE 2 of CDC 50.34**

9) **Patient name** – enter Patient name. If the patient’s name was entered into the electronic document, this space will be filled in.

10) **Box: Patient History**

a. **Brief Clinical History** – Include symptoms/underlying illnesses and the name of the suspected agent.

11) **Boxes: STATE OF ILLINESS; TYPE OF INFECTION; THERAPUTIC AGENT(S) DURING ILLNESS** – can be left blank

12) **EPIDEMIOLOGICAL DATA**

a. **Box: Extent** – leave blank

b. **Box: Travel History** – Enter **YES** or select **YES** from the drop-down menu

I. **Dates of Travel** – Enter the complete dates or select them from the drop-down calendar.

II. **Travel: Foreign** – Enter the country or select from the drop-down menu.

III. **Travel: UNITED STATES; FOREIGN RESIDENCE; UNITED STATES RESIDENCE** – can be left blank

c. **Boxes: EXPOSURE HISTORY and RELEVANT IMMUNIZATION HISTORY** – can be left blank

13) **Box: PREVIOUS LABORATORY RESULTS / COMMENTS** – Enter *C. trachomatis* test results and any other pertinent information.

**NOTE: Testing will not be initiated without the inclusion of:**

- **Date of specimen collection**
- **Patient's name**

**Note: CDC will perform LGV testing only on confirmed *C. trachomatis* test results.**

**Specimen(s)**

- Rectal/anal specimens will be accepted.
- The following specimens will also be considered but test performance has not been well established:
  - Swabs of genital ulcers or suspected skin lesions in the proximity of the anogenital area; and,
  - bubo aspirates.
- Swabs in transport media used for all commercially available NAATs for *C. trachomatis* can be accepted
- CDC prefers receiving an additional rectal swab collected in AssayAssure transport medium for optimal assay performance.

**Shipping: Package and Ship (Specimens and CDC 50.34 forms) using established guidelines for**

**category B to:** Illinois Department of Public Health Laboratories  
Microbiology Laboratory  
2121 West Taylor  
Chicago, Illinois 60612

**\*\*Testing Results:** Test results are normally available 4-6 weeks after specimen receipt.