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
   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
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 ILLNESS; TYPE OF INFECTION; THERAPEUTIC 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.