



Antibiotic Resistance Laboratory Network Central Regional Lab

*Public Health Laboratory * 601 Robert St N * St. Paul MN 55155 * 651-201-5200*

Project #

Fee
sticker

N/A

Bar Code
Sticker

MDH Use Only

Clinical Testing and Submission Form

PATIENT INFO

Last name: _____
 First name: _____ MI: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Patient ID #: _____ County: _____
 DOB (mm/dd/yyyy): _____ / _____ / _____ Sex: M F U

SUBMITTING FACILITY INFO

Facility name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Submitter #: _____ Phone: _____
 Clinician: _____ Phone: _____
 Name of person filling out form: _____ Phone: _____

Patient location at time culture collected (facility name): _____ State _____ Zip: _____

Clinical laboratory info (facility name): _____ State _____ Zip: _____

Specimen or Isolate Source Information

Specimen | Isolate

Lab sample #: _____	Blood Abscess: site: _____	Sputum induced expectorated	Wash site: _____
Collection date: (mm/dd/yyyy) _____ / _____ / _____	Body fluid: _____	Stool	Aspirate
Collection time: _____ a.m. p.m.	Bone: _____	Swab site: _____	Wound site: _____
	Bronchial: _____	Tissue Biopsy site: _____	Other: _____
	CSF	Urine	
		Organism: _____	

Project 2176 Carbapenem-resistant Enterobacteriaceae (CRE) *
**Please include phenotypic carbapenemase test result (mCIM, etc), PCR result and AST results.*

Project 2177 Carbapenem-resistant *Pseudomonas aeruginosa* (CRPA) *
**Please include phenotypic carbapenemase test result (mCIM, etc), PCR result and AST results.*

Project 2178 Carbapenem-resistant *Acinetobacter* *
**Please include AST results from clinical lab and results of any other testing*

Carbapenem Resistant Organism colonization screening *
**Testing requires prior approval from regional lab.*

Project 2180 Candida AST/identification

Project 2181 S. pneumoniae serotyping/AST

Project 2335 Candida auris colonization screening *
**Testing requires prior approval from regional lab*

Project 2474 Expanded Antibiotic Testing for Enterobacteriaceae *
**Testing requires prior approval from regional lab (arlnmn@state.mn.us)*

Submitting laboratory's comments: