

**Disclaimer:**

The Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is authorized to collect information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 263a) and 42 C.F.R. 101.11. Collection is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop and evaluate programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system C-001, "Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating agencies; to State or local health departments under conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers and other persons under circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the courts in litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that are made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no information will be made available without the subject individual's written consent.

Please refer to the CDC Infectious Diseases Laboratories Test Directory for information on specimen requirements. CDC may require the use of specific acceptance criteria to perform laboratory tests on samples obtained from humans pursuant to the Clinical Laboratory Improvement Amendments (CLIA) and accompanying regulations. 42 U.S.C. § 263a; 42 C.F.R. § 493.1241.

Samples transferred to the CDC for testing or any other purpose will become the legal property of the agency unless otherwise specified. Samples will not be returned to the submitting entity.

**Paperwork Reduction Act Information:**

Form Approved

OMB Control No.: 0920-XXXX

Expiration date: XX/XX/XXXX

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Washington Headquarters Service, Paperwork Project (0172-0188), Washington, DC 20503. A person is not required to respond to a collection of information unless it displays a currently valid OMB Control Number. Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-XXXX

## Introduction:

File Accessioning is a feature of ELIMS which allows the User to accession one or more specimens into ELIMS as a single operation. The User creates an import file from the Global File Accessioning Template (GFAT) and uses the "File Accessioning" function to load the specimen data that may be entered manually or through barcode accessioning by the User using the CDC Specimen Submission Form (F50.34) into the import file. The User then imports the import file to the User when the import is completed.

## Production Version: 4.7

## What is a template/import file?

The File Accessioning process extracts specimen data from an import file and loads the data into ELIMS. The User creates the import file (Excel worksheet), which contains the same data the User enters when accessioning specimens one at a time (using the ELIMS interface). After the User enters the specimen data into the "File Accessioning" template, the Excel worksheet (.xlsx) can be imported into ELIMS.

## Using this template:

1. This file contains three "File Accessioning" templates (Excel worksheets): Human, Animal, and FEMB (Food, Environmental, and Medical Device). Each template contains a tab for the origin of each specimen. The file can contain specimens in each "Origin" tab if you are accessioning multiple origins, and it can contain multiple origins in each tab.
2. Row #1 contains the data captions on the CDC Specimen Submission Form (Form 50.34). This row should not be altered by the User. The User can add additional data captions in Row #1. This row is hidden and must not be altered by the User for any reason. Editing values in this row will affect the data imported into ELIMS. Each row of information represents a new specimen or aliquot record for a specimen that is being imported. The following information is required for each specimen:
  - Package ID - Blank, if not specified
  - CSID - Auto-populated, if not specified
  - CUID - Auto-populated, if not specified
  - Origin - Valid values are: "Human," "Animal," "Food," "Environmental," "Medical Device," or "Biologic." Origin is required for all specimens.
  - Test order name - Blank, if not specified
3. Picklists are used for many of the cells within each template (Excel worksheet). These lists contain the same values in the current GFAT.
4. After the User enters all of the specimen data into the "File Accessioning" template (.xlsx), the Excel worksheet is saved and the import file can have specimen data in each of the worksheet tabs (Human, Animal, and FEMB).

## 5. Specifying specimens, aliquots, and subsamples:

- Each row containing a blank or unique CSID value will be a new specimen.
- Aliquots will be created for each row with an existing CSID in the current GFAT and a unique or blank CUID.
- The GFAT cannot create subsamples (derivates). To batch create subsamples in ELIMS, use the SAIT file found in ELIMS.

**NOTE: If creating a child aliquot in the GFAT, the parent will be the first instance of the specimen's CSID in the file. ELIMS will not create aliquots for specimens already in the system, use the SAIT file.**

## 6. "FastLookup" tab and "Short List" checkboxes - The "Short List" checkboxes are a way to tailor the "File Accessioning" template to the User's needs. The "FastLookup" tab is used frequently. To set up this feature, perform the following steps:

- Go to the "FastLookup" tab within the spreadsheet.
- Locate the desired picklist name for customization. The field title will show the correct name.
- Select the desired picklist values from the drop-down menu for the specific field. Do not leave any blank columns between the values.
- To see the full list of values for a picklist, leave the "Short List" checkbox in the "Title" row blank when entering the data.

7. Some of the "Storage Location" fields (Room, Freezer, Shelf, Rack, and Box) have drop-down menus with no picklist values. Location" information can be added by laboratories into the "Storage Location" section of FastLookup. This allows the User to drop-down menus. This will decrease the number of data entry errors when importing into storage locations. To add a laboratory:

- Go to QBE Query in ELIMS.
- Choose the QBE template "Storage Locations Metadata."
- Choose the filter set "General."
- Query all storage locations.
- Use the list from QBE to populate the storage locations in FastLookup. Make sure the "Storage Location" types from shelves in the shelf section, etc.).
- Once the Storage Locations are added to the GFAT, save it as a template to ensure easy access to location information.

8. Copying and pasting values - It is possible to copy and paste values into the GFAT spreadsheet. If a value pasted into the picklist need to change the field value to a valid ELIMS format or the file will fail during accessioning. When copying and pasting into text values only (or this may overwrite the existing GFAT formatting rules). Please contact the ELIMS Support Services Team if you have any questions.

9. To assign a specimen to an SPHL, the SPHL ID must be specified. To determine the SPHL ID value, the "SPHL Institution Name" field is chosen, the corresponding SPHL ID will appear next to it. This field is for informational use, and the SPHL ID will still need to be entered in the record.

10. To simplify assigning the SPHL ID to a specimen, an "SPHL Institution Name" field is included in the GFAT file next to the "SPHL ID" field. Perform the following steps:

- Select the SPHL name from the "SPHL Institution Name" field in a row within the GFAT.
- Select the drop-down menu next to the "SPHL ID" field—the corresponding SPHL ID for the selected institution will appear.
- Select the SPHL ID.

**NOTE: Even though the SPHL name is selected, the User MUST still select a SPHL ID for it to be populated for the specimen record.**

11. The "Event ID" drop-down menu is used to simplify the Event ID selection process using the laboratory's ELIMS list of events. Perform the following steps:

- Go to Events Management in ELIMS.
- Right click on the "Events Management" screen and select "Copy to Excel."
- Select the "Event ID" and "Event Name" fields and copy them. If you use a different field (such as "Local Event ID") to identify the event, copy that field as well.
- Go to the "FastLookup" tab in the GFAT file and paste these values in the "Event ID"/"Event Name" fields.
- To assign an event to the GFAT file, go to the appropriate row and select the event name. This will filter the record to the selected event.

**NOTE: You must still select the Event ID for the record to be assigned to the event.**

### Importing a GFAT file into ELIMS:

1. Navigate to the "File Accessioning" interface by selecting the "File Accessioning" link in the "Login Options" section of ELIMS.
2. Prepare the GFAT import file. Ensure the file is the most current version (to check the version, select the "Download Global" link).
3. Select the "Import" button on the "File Accessioning" screen.
4. Select the GFAT file for import.
5. Select "Current User" in field titled "When import completes send email to." Next, select the "Import" button. This will cause the file to be imported.
6. Select "OK" on the "Batch Import" message. The User will receive a notification email indicating the import is complete. This email will include the list of imported specimens.
7. Review the email for the imported batch.
8. Return to the "File Accessioning" interface and select the "Filter By Status" picklist. Select "Passed" from the filter. The User will see the list of imported specimens.
9. Go to the "Sample Login" screen. Specimens imported through File Accessioning will appear in the Specimen List.

**References:**

Submitting Specimens to the CDC - CDC Specimen Submission Form (Form 50.34)

ELIMS v10 Training Scripts

Package ID	CSID	CUID	Origin (This field is required)
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<input type="checkbox"/> Short List  <b>Test Order Name</b>	<input type="checkbox"/> Short List  <b>Suspected Agent</b>	  <b>Date Sent to CDC</b>
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**At CDC, bring to the  
attention of:**

**CDC Patient ID**

**CDC Local Patient ID**

**Patient name, Last**

<b>Patient name, First</b>	<b>Patient name, Middle Initial</b>	<b>Patient name, Suffix</b>	<b>Patient Birthdate</b>	<b>Patient Age</b>
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Age units	Patient Sex	Pregnant	<input type="checkbox"/> Short List Clinical Diagnosis	Date of onset	Fatal	Date of Death
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<p>Specimen collected date</p>	<p>Specimen collected time</p>	<p><input type="checkbox"/> Short List</p> <p>Material submitted</p>	<p><input type="checkbox"/> Short List</p> <p>Specimen source (Type)</p>
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<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List
Specimen source modifier	Specimen source site	Specimen source site modifier	Collection method

<input type="checkbox"/> Short List  Treatment of specimen	<input type="checkbox"/> Short List  Transport medium/Specimen preservative	  Specimen handling
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<b>SPHL Submitter ID</b>	<b>SPHL Submitter Institution Name</b>	<b>SPHL Contact ID</b>	<b>SPHL Submitter Point of Contact Name, Prefix</b>

<b>SPHL Submitter Point of Contact Name, Last</b>	<b>SPHL Submitter Point of Contact Name, First</b>	<b>SPHL Submitter Point of Contact Name, Middle Initial</b>	<b>SPHL Submitter Point of Contact Name, Suffix</b>
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<b>SPHL Submitter Point of Contact Name, Degree</b>	<b>SPHL Submitter Point of Contact Phone, Country Code</b>	<b>SPHL Submitter Point of Contact Phone, Area Code</b>	<b>SPHL Submitter Point of Contact Phone, Local Number</b>
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<b>SPHL Submitter Point of Contact Phone, Extension</b>	<b>SPHL Submitter Point of Contact Email</b>	<b>SPHL Submitter Patient ID</b>	<b>SPHL Submitter Alternative Patient ID</b>	<b>SPHL Submitter Specimen ID</b>
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<b>SPHL Submitter Alternative Specimen ID</b>	<input type="checkbox"/> <b>Private List</b>  <b>Original Submitter ID</b>	<b>Original Submitter Lab Director or Designee Name, Prefix</b>	<b>Original Submitter Lab Director or Designee Name, Last</b>	<b>Original Submitter Lab Director or Designee Name, First</b>
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<b>Original Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Original Submitter Lab Director or Designee Name, Suffix</b>	<b>Original Submitter Lab Director or Designee Name, Degree</b>	<b>Original Submitter Institution Name</b>	<b>Original Submitter Address, Street Address Line 1</b>
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<b>Original Submitter Address, Street Address Line 2</b>	<b>Original Submitter Address, City</b>	<b>Original Submitter Address, Zip/Postal Code</b>	<b>Original Submitter Address, State</b>	<b>Original Submitter Address, Country</b>
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<b>Original Submitter Fax, Country Code</b>	<b>Original Submitter Fax, Area Code</b>	<b>Original Submitter Fax, Local Number</b>	<b>Original Submitter Email</b>
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<b>Original Submitter Contact ID</b>	<b>Original Submitter Point of Contact Name, Prefix</b>	<b>Original Submitter Point of Contact Name, Last</b>	<b>Original Submitter Point of Contact Name, First</b>
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<b>Original Submitter Point of Contact Email</b>	<b>Original Submitter Patient ID</b>	<b>Original Submitter Alternative Patient ID</b>	<b>Original Submitter Specimen ID</b>	<b>Original Submitter Alternative Specimen ID</b>
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<input type="checkbox"/> Private List  Intermediate Submitter ID	Intermediate Submitter Lab Director or Designee Name, Prefix	Intermediate Submitter Lab Director or Designee Name, Last	Intermediate Submitter Lab Director or Designee Name, First
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<b>Intermediate Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Intermediate Submitter Lab Director or Designee Name, Suffix</b>	<b>Intermediate Submitter Lab Director or Designee Name, Degree</b>	<b>Intermediate Submitter Institution Name</b>	<b>Intermediate Submitter Address, Street Address Line 1</b>
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<b>Intermediate Submitter Fax, Country Code</b>	<b>Intermediate Submitter Fax, Area Code</b>	<b>Intermediate Submitter Fax, Local Number</b>	<b>Intermediate Submitter Email</b>
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<b>Intermediate Submitter Contact ID</b>	<b>Intermediate Submitter Point of Contact Name, Prefix</b>	<b>Intermediate Submitter Point of Contact Name, Last</b>	<b>Intermediate Submitter Point of Contact Name, First</b>
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<b>Intermediate Submitter Point of Contact Name, Middle Initial</b>	<b>Intermediate Submitter Point of Contact Name, Suffix</b>	<b>Intermediate Submitter Point of Contact Name, Degree</b>	<b>Intermediate Submitter Point of Contact Phone, Country Code</b>
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<b>Intermediate Submitter Point of Contact Email</b>	<b>Intermediate Submitter Patient ID</b>	<b>Intermediate Submitter Alternative Patient ID</b>	<b>Intermediate Submitter Specimen ID</b>	<b>Intermediate Submitter Alternative Specimen ID</b>
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<b>Brief Clinical Summary</b>	<b>State of Illness, Symptomatic</b>	<b>State of Illness, Asymptomatic</b>	<b>State of Illness, Acute</b>	<b>State of Illness, Chronic</b>	<b>State of Illness, Convalescent</b>	<b>State of Illness, Recovered</b>
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Type of Infection, Upper respiratory	Type of Infection, Lower respiratory	Type of Infection, Cardiovascular	Type of Infection, Gastrointestinal
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Type of Infection, Genital	Type of Infection, Urinary tract	Type of Infection, Sepsis	Type of Infection, Central nervous system	Type of Infection, Skin/soft tissue
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Type of Infection, Ocular	Type of Infection, Joint/bone	Type of Infection, Disseminated	Type of Infection, Other	Type of Infection, Other (specify)
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<input type="checkbox"/> Short List			<input type="checkbox"/> Short List
Therapeutic Agent(s) During Illness, Agent 1	Therapeutic Agent(s) During Illness, Agent 1 Start Date	Therapeutic Agent(s) During Illness, Agent 1 End Date	Therapeutic Agent(s) During Illness, Agent 2

<b>Therapeutic Agent(s) During Illness, Agent 2 Start Date</b>	<b>Therapeutic Agent(s) During Illness, Agent 2 End Date</b>	<input type="checkbox"/> <b>Short List</b>  <b>Therapeutic Agent(s) During Illness, Agent 3</b>	<b>Therapeutic Agent(s) During Illness, Agent 3 Start Date</b>
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Therapeutic Agent(s) During Illness, Agent 3 End Date	Extent, Isolated Case	Extent, Carrier	Extent, Contact	Extent, Outbreak	Extent, Outbreak Text
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Extent, Family	Extent, Community	Extent, Healthcare-associated	Extent, Epidemic	Travel	Travel, Start Date	Travel, End Date
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<b>Travel: Foreign (Countries) 1</b>	<b>Travel: Foreign (Countries) 2</b>	<b>Travel: Foreign (Countries) 3</b>	<b>Foreign Residence (Country)</b>	<b>Travel: United States (States) 1</b>	<b>Travel: United States (States) 2</b>	<b>Travel: United States (States) 3</b>
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United States Residence (State)	Exposure	Date of Exposure	Animal Exposure	Animal Type of Exposure	<input type="checkbox"/> Short List Animal Common Name
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<input type="checkbox"/> Short List  Animal Scientific Name	Arthropod Exposure	Arthropod Type of Exposure	<input type="checkbox"/> Short List  Arthropod Common Name
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<input type="checkbox"/> Short List  Arthropod Scientific Name	<input type="checkbox"/> Short List  Immunization 1	Immunization 1, Date Received	<input type="checkbox"/> Short List  Immunization 2	Immunization 2, Date Received
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<input type="checkbox"/> Short List Immunezation 3	Immunezation 3, Date Received	<input type="checkbox"/> Short List Immunezation 4	Immunezation 4, Date Received	Previous Laboratory Results
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Comments	Delivered to Unit #	Date received at CDC	Specimen Received at STAT Date (STAT only)
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<b>Condition, Outer Package, STAT Laboratory (STAT only)</b>	<b>Condition, Specimen container, STAT Laboratory (STAT only)</b>	<b>Condition, Specimen, STAT Laboratory (STAT only)</b>	<b>CDC Local Aliquot ID</b>
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<b>Specimen Received in Lab Date (Unit only)</b>	<b>Condition, Outer Package, Testing Laboratory (Unit only)</b>	<b>Condition, Specimen container, Testing Laboratory (Unit only)</b>	<b>Condition, Specimen, Testing Laboratory (Unit only)</b>
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Additional ID 1	<input type="checkbox"/> Short List Additional Type 1	Additional ID 2	<input type="checkbox"/> Short List Additional Type 2	Suspected Agent Category
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Case Id	Date 01	Date 02	Numeric 01
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**Numeric 02**

**Decimal 01**

**Alpha Numeric 01**

**Alpha Numeric 02**

Alpha Numeric 03	Alpha Numeric 04	Alpha Numeric 05	Volume	Unit of Measure
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<b>Container Type</b>	<b>Help On Storage Fields</b> <b>Storage Locations - Location</b>	<b>Storage Locations - Building</b>	<b>Storage Locations - Room</b>
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<b>Storage Locations - Storage Unit</b>	<b>Storage Locations - Shelf</b>	<b>Storage Locations - Rack</b>	<b>Storage Locations - Box</b>	<b>Storage Locations - Absolute Position</b>	<b>Storage Locations - Custodian (User ID)</b>	<b>Storage Locations - Comment</b>
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CDC EVENT ID	Help Using Event Name Event Name (Only displays for 1 event ID)	CDC CASE ID	Date Subsample Received in Lab	Subsample Comment	Date Aliquot Received in Lab
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Aliquot  
Comment



Package ID	CSID	CUID	Origin (This field is required)	<input type="checkbox"/> Short List Test Order Name	<input type="checkbox"/> Short List Suspected Agent
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Date Sent to CDC	At CDC, bring to the attention of:	CDC Patient ID	CDC Local Patient ID	Animal
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<b>Arthropod</b>	<input type="checkbox"/> <b>Short List</b> <b>Common Name</b>	<input type="checkbox"/> <b>Short List</b> <b>Scientific Name</b>	<b>Animal Name</b>	<b>Animal Category</b>
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Sex	Birthdate	Age	Age units	<input type="checkbox"/> Short List Clinical Diagnosis	Date of onset	Fatal
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<b>Date of Death</b>	<b>Specimen collected date</b>	<b>Specimen collected time</b>	<input type="checkbox"/> <b>Short List</b> <b>Material submitted</b>	<input type="checkbox"/> <b>Short List</b> <b>Specimen source (Type)</b>
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<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List
Specimen source modifier	Specimen source site	Specimen source site modifier	Collection method

<input type="checkbox"/> Short List  <b>Treatment of specimen</b>	<input type="checkbox"/> Short List  <b>Transport medium/Specimen preservative</b>	  <b>Specimen handling</b>
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<b>SPHL Submitter ID</b>	<b>SPHL Submitter Institution Name</b>	<b>SPHL Contact ID</b>	<b>SPHL Submitter Point of Contact Name, Prefix</b>



<b>SPHL Submitter Point of Contact Name, Last</b>	<b>SPHL Submitter Point of Contact Name, First</b>	<b>SPHL Submitter Point of Contact Name, Middle Initial</b>	<b>SPHL Submitter Point of Contact Name, Suffix</b>
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<b>SPHL Submitter Point of Contact Name, Degree</b>	<b>SPHL Submitter Point of Contact Phone, Country Code</b>	<b>SPHL Submitter Point of Contact Phone, Area Code</b>	<b>SPHL Submitter Point of Contact Phone, Local Number</b>
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<b>SPHL Submitter Point of Contact Phone, Extension</b>	<b>SPHL Submitter Point of Contact Email</b>	<b>SPHL Submitter Animal ID</b>	<b>SPHL Submitter Alternative Animal ID</b>	<b>SPHL Submitter Specimen ID</b>
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<b>SPHL Submitter Alternative Specimen ID</b>	<input type="checkbox"/> <b>Private List</b>  <b>Original Submitter ID</b>	<b>Original Submitter Lab Director or Designee Name, Prefix</b>	<b>Original Submitter Lab Director or Designee Name, Last</b>	<b>Original Submitter Lab Director or Designee Name, First</b>
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<b>Original Submitter Address, Street Address Line 2</b>	<b>Original Submitter Address, City</b>	<b>Original Submitter Address, Zip/Postal Code</b>	<b>Original Submitter Address, State</b>	<b>Original Submitter Address, Country</b>
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<b>Original Submitter Fax, Country Code</b>	<b>Original Submitter Fax, Area Code</b>	<b>Original Submitter Fax, Local Number</b>	<b>Original Submitter Email</b>
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<b>Original Submitter Contact ID</b>	<b>Original Submitter Point of Contact Name, Prefix</b>	<b>Original Submitter Point of Contact Name, Last</b>	<b>Original Submitter Point of Contact Name, First</b>
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<b>Original Submitter Point of Contact Name, Middle Initial</b>	<b>Original Submitter Point of Contact Name, Suffix</b>	<b>Original Submitter Point of Contact Name, Degree</b>	<b>Original Submitter Point of Contact Phone, Country Code</b>
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<b>Original Submitter Point of Contact Phone, Area Code</b>	<b>Original Submitter Point of Contact Phone, Local Number</b>	<b>Original Submitter Point of Contact Phone, Extension</b>
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<b>Original Submitter Point of Contact Email</b>	<b>Original Submitter Animal ID</b>	<b>Original Submitter Alternative Animal ID</b>	<b>Original Submitter Specimen ID</b>	<b>Original Submitter Alternative Specimen ID</b>
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<input type="checkbox"/> Private List  Intermediate Submitter ID	Intermediate Submitter Lab Director or Designee Name, Prefix	Intermediate Submitter Lab Director or Designee Name, Last	Intermediate Submitter Lab Director or Designee Name, First
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<b>Intermediate Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Intermediate Submitter Lab Director or Designee Name, Suffix</b>	<b>Intermediate Submitter Lab Director or Designee Name, Degree</b>	<b>Intermediate Submitter Institution Name</b>	<b>Intermediate Submitter Address, Street Address Line 1</b>
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<b>Intermediate Submitter Address, Street Address Line 2</b>	<b>Intermediate Submitter Address, City</b>	<b>Intermediate Submitter Address, Zip/Postal Code</b>	<b>Intermediate Submitter Address, State</b>	<b>Intermediate Submitter Address, Country</b>
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<b>Intermediate Submitter Fax, Country Code</b>	<b>Intermediate Submitter Fax, Area Code</b>	<b>Intermediate Submitter Fax, Local Number</b>	<b>Intermediate Submitter Email</b>
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<b>Intermediate Submitter Contact ID</b>	<b>Intermediate Submitter Point of Contact Name, Prefix</b>	<b>Intermediate Submitter Point of Contact Name, Last</b>	<b>Intermediate Submitter Point of Contact Name, First</b>
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<b>Intermediate Submitter Point of Contact Name, Middle Initial</b>	<b>Intermediate Submitter Point of Contact Name, Suffix</b>	<b>Intermediate Submitter Point of Contact Name, Degree</b>	<b>Intermediate Submitter Point of Contact Phone, Country Code</b>
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<b>Intermediate Submitter Point of Contact Phone, Area Code</b>	<b>Intermediate Submitter Point of Contact Phone, Local Number</b>	<b>Intermediate Submitter Point of Contact Phone, Extension</b>
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<b>Intermediate Submitter Point of Contact Email</b>	<b>Intermediate Submitter Animal ID</b>	<b>Intermediate Submitter Alternative Animal ID</b>	<b>Intermediate Submitter Specimen ID</b>	<b>Intermediate Submitter Alternative Specimen ID</b>
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Owner Name, Last	Owner Name, First	Owner Name, Middle Initial	Owner Name, Suffix	Owner Address, Street Address Line 1
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<b>Owner Address, Street Address Line 2</b>	<b>Owner Address, City</b>	<b>Owner Address, State</b>	<b>Owner Address, Zip/Postal Code</b>
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<b>Owner Address, Country</b>	<b>Owner Phone, Country code</b>	<b>Owner Phone, Area code</b>	<b>Owner Phone, Local Number</b>	<b>Field Collection Address, Street Address Line 1</b>
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<b>Field Collection Address, Street Address Line 2</b>	<b>Field Collection Address, City</b>	<b>Field Collection Address, State</b>	<b>Field Collection Address, Zip/Postal Code</b>	<b>Field Collection Address, Country</b>
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Field Collection, Latitude	Field Collection, Longitude	Field Collection UTM Coordinates, Grid zone designator	Field Collection UTM Coordinates, Easting	Field Collection UTM Coordinates, Northing
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<b>Brief Clinical Summary</b>	<b>State of Illness, Symptomatic</b>	<b>State of Illness, Asymptomatic</b>	<b>State of Illness, Acute</b>	<b>State of Illness, Chronic</b>	<b>State of Illness, Convalescent</b>	<b>State of Illness, Recovered</b>
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Type of Infection, Upper respiratory	Type of Infection, Lower respiratory	Type of Infection, Cardiovascular	Type of Infection, Gastrointestinal	Type of Infection, Genital
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Type of Infection, Urinary tract	Type of Infection, Sepsis	Type of Infection, Central nervous system	Type of Infection, Skin/soft tissue	Type of Infection, Ocular
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<b>Type of Infection, Joint/bone</b>	<b>Type of Infection, Disseminated</b>	<b>Type of Infection, Other</b>	<b>Type of Infection, Other (specify)</b>
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<input type="checkbox"/> Short List  Therapeutic Agent(s) During Illness, Agent 1	Therapeutic Agent(s) During Illness, Agent 1 Start Date	Therapeutic Agent(s) During Illness, Agent 1 End Date	<input type="checkbox"/> Short List  Therapeutic Agent(s) During Illness, Agent 2	Therapeutic Agent(s) During Illness, Agent 2 Start Date
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<b>Therapeutic Agent(s) During Illness, Agent 2 End Date</b>	<input type="checkbox"/> <b>Short List</b>  <b>Therapeutic Agent(s) During Illness, Agent 3</b>	<b>Therapeutic Agent(s) During Illness, Agent 3 Start Date</b>	<b>Therapeutic Agent(s) During Illness, Agent 3 End Date</b>	<b>Extent, Isolated Case</b>	<b>Extent, Carrier</b>
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Extent, Contact	Extent, Outbreak	Extent, Epizootic	Extent, Other	Extent, Other (specify)	Herd Size	No. in herd affected
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No. in herd dead	Exposure	Animal Exposure	Animal Type of Exposure	<input type="checkbox"/> Short List Animal Common Name	<input type="checkbox"/> Short List Animal Scientific Name
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Arthropod Exposure	Arthropod Type of Exposure	<input type="checkbox"/> Short List Arthropod Common Name	<input type="checkbox"/> Short List Arthropod Scientific Name	Human Exposure	Human Type of Exposure
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Travel	Travel, Start Date	Travel, End Date	Travel: Foreign (Countries) 1	Travel: Foreign (Countries) 2	Travel: Foreign (Countries) 3	Foreign Residence (Country)
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Travel: United States (States) 1	Travel: United States (States) 2	Travel: United States (States) 3	United States Residence (State)	<input type="checkbox"/> Short List Immunization 1	Immunization 1, Date Received
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<input type="checkbox"/> Short List Immunization 2	Immunization 2, Date Received	<input type="checkbox"/> Short List Immunization 3	Immunization 3, Date Received	<input type="checkbox"/> Short List Immunization 4	Immunization 4, Date Received
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Previous Laboratory Results	Comments	Delivered to Unit #	Date received at CDC
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<b>Specimen Received at STAT Date (STAT only)</b>	<b>Condition, Outer Package, STAT Laboratory (STAT only)</b>	<b>Condition, Specimen container, STAT Laboratory (STAT only)</b>	<b>Condition, Specimen, STAT Laboratory (STAT only)</b>
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CDC Local Aliquot ID	Specimen Received in Lab Date (Unit only)	Condition, Outer Package, Testing Laboratory (Unit only)	Condition, Specimen container, Testing Laboratory (Unit only)
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<b>Condition, Specimen, Testing Laboratory (Unit only)</b>	<b>Additional ID 1</b>	<input type="checkbox"/> <b>Short List</b> <b>Additional Type 1</b>	<b>Additional ID 2</b>	<input type="checkbox"/> <b>Short List</b> <b>Additional Type 2</b>
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<b>Suspected Agent Category</b>	<b>Case Id</b>	<b>Date 01</b>	<b>Date 02</b>
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**Numeric 01**

**Numeric 02**

**Decimal 01**

**Alpha Numeric 01**

Alpha Numeric 02

Alpha Numeric 03

Alpha Numeric 04

Alpha Numeric 05

<b>Volume</b>	<b>Unit of Measure</b>	<b>Container Type</b>	<b>Storage Locations - Location</b> <a href="#">Help On Storage Fields</a>	<b>Storage Locations - Building</b>
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<b>Storage Locations - Room</b>	<b>Storage Locations - Storage Unit</b>	<b>Storage Locations - Shelf</b>	<b>Storage Locations - Rack</b>	<b>Storage Locations - Box</b>	<b>Storage Locations - Absolute Position</b>
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<b>Storage Locations - Custodian (User ID)</b>	<b>Storage Locations - Comment</b>	<b>CDC EVENT ID</b>	<b>Help Using Event Name</b> <b>Event Name</b> (Only displays for 1 event ID)	<b>CDC CASE ID</b>	<b>Date Subsample Received in Lab</b>
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<b>Subsample Comment</b>	<b>Date Aliquot Received in Lab</b>	<b>Aliquot Comment</b>
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Package ID	CSID	CUID	Origin (This field is required)	<input type="checkbox"/> Short List Test Order Name	<input type="checkbox"/> Short List Suspected Agent
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Date Sent to CDC	At CDC, bring to the attention of:	Specimen collected date	Specimen collected time	<input type="checkbox"/> Short List Material submitted
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<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List
Specimen source (Type)	Specimen source site	Specimen source site modifier	Collection method

<input type="checkbox"/> Short List  <b>Treatment of specimen</b>	<input type="checkbox"/> Short List  <b>Transport medium/Specimen preservative</b>	  <b>Specimen handling</b>
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<b>SPHL Submitter ID</b>	<b>SPHL Submitter Institution Name</b>	<b>SPHL Contact ID</b>	<b>SPHL Submitter Point of Contact Name, Prefix</b>

<b>SPHL Submitter Point of Contact Name, Last</b>	<b>SPHL Submitter Point of Contact Name, First</b>	<b>SPHL Submitter Point of Contact Name, Middle Initial</b>	<b>SPHL Submitter Point of Contact Name, Suffix</b>
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<b>SPHL Submitter Point of Contact Name, Degree</b>	<b>SPHL Submitter Point of Contact Phone, Country Code</b>	<b>SPHL Submitter Point of Contact Phone, Area Code</b>	<b>SPHL Submitter Point of Contact Phone, Local Number</b>
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SPHL Submitter Point of Contact Phone, Extension	SPHL Submitter Point of Contact Email	SPHL Submitter Sample ID	SPHL Submitter Alternative Sample ID	SPHL Submitter Specimen ID
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<b>SPHL Submitter Alternative Specimen ID</b>	<input type="checkbox"/> <b>Private List</b>  <b>Original Submitter ID</b>	<b>Original Submitter Lab Director or Designee Name, Prefix</b>	<b>Original Submitter Lab Director or Designee Name, Last</b>	<b>Original Submitter Lab Director or Designee Name, First</b>
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<b>Original Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Original Submitter Lab Director or Designee Name, Suffix</b>	<b>Original Submitter Lab Director or Designee Name, Degree</b>	<b>Original Submitter Institution Name</b>	<b>Original Submitter Address, Street Address Line 1</b>
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<b>Original Submitter Address, Street Address Line 2</b>	<b>Original Submitter Address, City</b>	<b>Original Submitter Address, Zip/Postal Code</b>	<b>Original Submitter Address, State</b>	<b>Original Submitter Address, Country</b>
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<b>Original Submitter Fax, Country Code</b>	<b>Original Submitter Fax, Area Code</b>	<b>Original Submitter Fax, Local Number</b>	<b>Original Submitter Email</b>
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<b>Original Submitter Contact ID</b>	<b>Original Submitter Point of Contact Name, Prefix</b>	<b>Original Submitter Point of Contact Name, Last</b>	<b>Original Submitter Point of Contact Name, First</b>
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<b>Original Submitter Point of Contact Name, Middle Initial</b>	<b>Original Submitter Point of Contact Name, Suffix</b>	<b>Original Submitter Point of Contact Name, Degree</b>	<b>Original Submitter Point of Contact Phone, Country Code</b>
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<b>Original Submitter Point of Contact Phone, Area Code</b>	<b>Original Submitter Point of Contact Phone, Local Number</b>	<b>Original Submitter Point of Contact Phone, Extension</b>
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<b>Original Submitter Point of Contact Email</b>	<b>Original Submitter Sample ID</b>	<b>Original Submitter Alternative Sample ID</b>	<b>Original Submitter Specimen ID</b>	<b>Original Submitter Alternative Specimen ID</b>
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<input type="checkbox"/> Private List  Intermediate Submitter ID	Intermediate Submitter Lab Director or Designee Name, Prefix	Intermediate Submitter Lab Director or Designee Name, Last	Intermediate Submitter Lab Director or Designee Name, First
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<b>Intermediate Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Intermediate Submitter Lab Director or Designee Name, Suffix</b>	<b>Intermediate Submitter Lab Director or Designee Name, Degree</b>	<b>Intermediate Submitter Institution Name</b>	<b>Intermediate Submitter Address, Street Address Line 1</b>
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<b>Intermediate Submitter Address, Street Address Line 2</b>	<b>Intermediate Submitter Address, City</b>	<b>Intermediate Submitter Address, Zip/Postal Code</b>	<b>Intermediate Submitter Address, State</b>	<b>Intermediate Submitter Address, Country</b>
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<b>Intermediate Submitter Fax, Country Code</b>	<b>Intermediate Submitter Fax, Area Code</b>	<b>Intermediate Submitter Fax, Local Number</b>	<b>Intermediate Submitter Email</b>
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<b>Intermediate Submitter Contact ID</b>	<b>Intermediate Submitter Point of Contact Name, Prefix</b>	<b>Intermediate Submitter Point of Contact Name, Last</b>	<b>Intermediate Submitter Point of Contact Name, First</b>
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<b>Intermediate Submitter Point of Contact Name, Middle Initial</b>	<b>Intermediate Submitter Point of Contact Name, Suffix</b>	<b>Intermediate Submitter Point of Contact Name, Degree</b>	<b>Intermediate Submitter Point of Contact Phone, Country Code</b>
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<b>Intermediate Submitter Point of Contact Phone, Area Code</b>	<b>Intermediate Submitter Point of Contact Phone, Local Number</b>	<b>Intermediate Submitter Point of Contact Phone, Extension</b>
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<b>Intermediate Submitter Point of Contact Email</b>	<b>Intermediate Submitter Sample ID</b>	<b>Intermediate Submitter Alternative Sample ID</b>	<b>Intermediate Submitter Specimen ID</b>	<b>Intermediate Submitter Alternative Specimen ID</b>
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Brand/Manufacturer	Specific Product Name	Lot Number	Expiration Date	Quantity
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Sample purchased or collected at, Business name	Sample purchased or collected at, Street Address Line 1	Sample purchased or collected at, Street Address Line 2
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<b>Sample purchased or collected at, City</b>	<b>Sample purchased or collected at, Zip/Postal Code</b>	<b>Sample purchased or collected at, State</b>	<b>Sample purchased or collected at, Country</b>	<b>Sample Location, Sample collected at:</b>
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Sample Location, Latitude	Sample Location, Longitude	UTM Coordinates, Grid Zone Designator	UTM Coordinates, Easting	UTM Coordinates, Northing
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<b>Environmental Temperature</b>	<b>Additional Sample Information</b>	<b>Previous Laboratory Results</b>	<b>Comments</b>
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Date received at CDC	Specimen Received at STAT Date (STAT only)	Condition, Outer Package, STAT Laboratory (STAT only)	Condition, Specimen container, STAT Laboratory (STAT only)
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<b>Condition, Specimen, STAT Laboratory (STAT only)</b>	<b>Delivered to Unit #</b>	<b>CDC Local Aliquot ID</b>	<b>Specimen Received in Lab Date (Unit only)</b>
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<b>Condition, Outer Package, Testing Laboratory (Unit only)</b>	<b>Condition, Specimen container, Testing Laboratory (Unit only)</b>	<b>Condition, Specimen, Testing Laboratory (Unit only)</b>	<b>Additional ID 1</b>
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<input type="checkbox"/> Short List		<input type="checkbox"/> Short List		
Additional Type 1	Additional ID 2	Additional Type 2	Suspected Agent Category	Case Id



Date 01	Date 02	Numeric 01	Numeric 02
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Decimal 01	Alpha Numeric 01	Alpha Numeric 02	Alpha Numeric 03
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Alpha Numeric 04	Alpha Numeric 05	Volume	Unit of Measure	Container Type
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<b>Help On Storage Fields</b>					
<b>Storage Locations - Location</b>	<b>Storage Locations - Building</b>	<b>Storage Locations - Room</b>	<b>Storage Locations - Storage Unit</b>	<b>Storage Locations - Shelf</b>	<b>Storage Locations - Rack</b>

<b>Storage Locations - Box</b>	<b>Storage Locations - Absolute Position</b>	<b>Storage Locations - Custodian (User ID)</b>	<b>Storage Locations - Comment</b>	<b>CDC EVENT ID</b>
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<p>Help Using Event Name</p> <p>Event Name <small>(Only displays for 1 event ID)</small></p>	<p>CDC CASE ID</p>	<p>Date Subsample Received in Lab</p>	<p>Subsample Comment</p>	<p>Date Aliquot Received in Lab</p>
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Submitter ID	Submitter Name	ADDRESS 1	Address 2
SPHL-000001	MO State Public Health Laboratory	101 north Ches	P.O. Box 570
SPHL-000002	ID Bureau of Laboratories	2220 Old Penite	
SPHL-000003	MT Public Health Laboratory	1400 Broadway	Cogswell Build
SPHL-000004	OK Public Health Laboratory, Oklahoma State DOH	1000 NE 10th S	
SPHL-000005	TN Division of Laboratory Services	630 Hart Lane	
SPHL-000006	MS Public Health Laboratory	570 East Wood	Thompson Bui
SPHL-000007	NM Dept. Health, Scientific Laboratory Division	1101 Camino de	
SPHL-000008	NC State Laboratory of Public Health	4312 District Dr	PO Box 28047
SPHL-000009	IL Dept. of Public Health Springfield Laboratory	825 N. Rutledge	NULL
SPHL-000010	UT-Unified State Labs: Public Health Utah DOH	4431 South 27C	
SPHL-000011	IA State Hygienic Laboratory	2490 Crosspark	
SPHL-000012	AZ SPHL, Arizona Department of Health Services	250 N. 17th Ave	
SPHL-000013	OH Department of Health Laboratory	8995 East Main	Building 22
SPHL-000014	CO Dept. of Public Health and Environment, Lab Services Divi	8100 Lowry Blv	
SPHL-000015	DE Public Health Laboratory	30 Sunnyside R	
SPHL-000016	SC Dept of Health and Env. Control-Bureau of Laboratories	8231 Parklane	NULL
SPHL-000017	WY Public Health Laboratory	208 S. College E	
SPHL-000018	FL Bur. of Public Health Laboratories-Jacksonville	1217 Pearl Stre	
SPHL-000019	VA-Division of Consolidated Laboratory Services	600 North 5th S	NULL
SPHL-000020	MI Dept. of Community Health-Bureau of Laboratories	3350 N. Martin	
SPHL-000021	HI Dept. of Health, State Laboratories Division	2725 Waimano	NULL
SPHL-000022	IN State Department of Health Laboratory Services	550 West 16th	Suite B
SPHL-000023	NYSDOH Wadsworth Center	Axelrod Institut	PO Box 22002
SPHL-000024	NYSDOH Wadsworth Center, Bacteriology Lab	Axelrod Institut	PO Box 22002
SPHL-000025	NYSDOH Wadsworth Center, Virology Lab	Axelrod Institut	PO Box 22002
SPHL-000026	NYSDOH Wadsworth Center, Diag. Immunology Lab	Axelrod Institut	PO Box 22002
SPHL-000027	NYSDOH Wadsworth Center, Tuberculosis Lab	Axelrod Institut	PO Box 22002
SPHL-000028	NYSDOH Wadsworth Center, Biodefense Lab	Axelrod Institut	PO Box 22002
SPHL-000029	NYSDOH Wadsworth Center, Parasitology Lab	Axelrod Institut	PO Box 22002
SPHL-000030	NYSDOH Wadsworth Center, Mycology Lab	Axelrod Institut	PO Box 22002
SPHL-000031	NYSDOH Wadsworth Center, Bloodborne Virus Lab	Axelrod Institut	PO Box 22002
SPHL-000032	KS Health and Environmental Laboratories	6810 SE Dwight	NULL
SPHL-000033	KY State Public Health Lab	100 Sower Blvd	Suite 204
SPHL-000034	MN PHL Division, Minnesota Department of Health	601 Robert St. E	
SPHL-000035	AR Dept. of Health-Public Health Lab	201 S. Monroe	
SPHL-000036	AR Dept. of Health-Pub. Health Lab, Immunology Lab	201 S. Monroe	
SPHL-000037	AR Dept. of Health-PHL, Clinical Micro Lab	201 S. Monroe	
SPHL-000038	AR Dept. of Health-PHL, TB/Mycology Lab	201 S. Monroe	
SPHL-000039	AR Dept. of Health-PHL, Molecular Diagnostics	201 S. Monroe	
SPHL-000040	AR Dept. of Health-PHL/Chemical Terrorism	201 S. Monroe	
SPHL-000041	SD Public Health Laboratory	615 East Fourth	NULL
SPHL-000042	NH Dept. of Health and Human Services Public Health Labs	29 Hazen Drive	
SPHL-000043	NJ Public Health and Environmental Laboratories	3 Schwarzkopf Pl	
SPHL-000044	NYC Department of Health and Mental Hygiene	Public Health L	455 First Aven



SPHL-000045	MA State Public Health Laboratory	305 South Street
SPHL-000046	ME Health and Environmental Testing Laboratory	221 State Street House Station
SPHL-000047	AK State Public Health Lab, State Health Department	5455 Dr. Martir
SPHL-000048	CDPH, Viral and Rickettsial Disease Laboratory	850 Marina BayRm. E-361
SPHL-000049	PR Public Health Lab	Periferal St. BldCall Box 70184
SPHL-000050	RI State Health Laboratories	50 Orms Street NULL
SPHL-000051	AL Dept. of Public Health Bureau of Clinical Laboratories	PO Box 244018
SPHL-000052	DC Public Health Lab/ Dept. of Forensic Sciences	401 E Street SW4th Floor
SPHL-000053	CDPH, Microbial Diseases Laboratory	850 Marina BayMS E-164
SPHL-000054	ND Dept. of Health Laboratory Services-Microbiology	2635 East MainPO Box 5520
SPHL-000055	CT-Dr. Katherine A. Kelley State Public Health Lab	395 West StreetPO Box 1689
SPHL-000056	LA Office of Public Health Laboratories	1209 Leesville NULL
SPHL-000057	VT Dept. of Health Laboratory	359 South Park NULL
SPHL-000058	NE Public Health Laboratory	University of N 985900 Nebra:
SPHL-000059	WI State Laboratory of Hygiene	2601 Agricultur
SPHL-000060	MD DOH Laboratories Administration	1770 Ashland ANULL
SPHL-000061	WVDHHR - Office of Laboratory Services	167 11th Avenu
SPHL-000062	GA Department of Public Health Laboratory	1749 ClairmontNULL
SPHL-000063	OR State PHL-Virology/Immunology Section	PO Box 275
SPHL-000064	OR State PHL-General Microbiology Section	7202 NE EvergrSuite 100
SPHL-000065	TX DSHS, Lab Services Section MC 1947	1100 W. 49th S.P.O. Box 1493
SPHL-000066	PA Department of Health, Bureau of Laboratories	110 Pickering P.O. Box 500
SPHL-000067	NV State Public Health Laboratory	1660 N. VirginiaMS0385
SPHL-000068	WA State Department of Health	1610 NE 150th
SPHL-000069	FL Bureau of Public Health Laboratories-Tampa	3602 Spectrum
SPHL-000070	FL Bureau of Public Health Laboratories-Pensacola	50 W. Maxwell
SPHL-000071	NV-Southern Nevada Public Health Laboratory	700 Martin Lutl
SPHL-000072	NV-Southern Nevada Health Dist. Office of Epidemiology	600 Shadow La Suite 206
SPHL-000073	CDC Occupational Health Clinic	1600 Clifton RdBuilding 16, R
SPHL-000074	DC -Bureau of Medical Services , US Dept. of State	2401 E. St. NW Rm L219
SPHL-000075	NIH Clinical Center, Dept. of Laboratory Medicine	9000 Rockville Bldg. 10, Roo
SPHL-000076	CAN-The Toronto Hospital, Tropical Disease Unit	200 Elizabeth St13NU rm. 1350
SPHL-000077	CAN-British Columbia PH Microbiology and Ref. Laboratory	Zoonotic Disea 655 West 12th
SPHL-000078	CAN-Natl Reference Centre for Parasitology (NRCP)	1001 Decarie BIRM EM3-3244
SPHL-000079	CA-Santa Clara County Public Health Laboratory	2220 Moorpark2nd floor
SPHL-000080	AUS-Centre for ID and Microbiology Lab Services	Level 3, ICPMR,
SPHL-000081	DC-The Parasitology Laboratory of Washington	2141 K St NW Suite 408
SPHL-000082	OH-Cincinnati Childrens Hospital Medical Center	3333 Burnet Av3333 Burnet A
SPHL-000083	MA-Tufts Medical Center, Send-out Department	800 Washington
SPHL-000084	FL Bureau of Public Health Laboratories-Miami	1325 NW 14th
SPHL-000085	CA-LAC+USC Medical Center	Department of 1200 North St:
SPHL-000087	IL Department of Public Health Chicago Laboratory	2121 West Taylor2nd floor
SPHL-000088	IL Dept. of Public Health Carbondale Laboratory	1155 S. OaklandPO Box 2797
SPHL-000089	CAN-British Columbia PH Micro and Ref. Lab, PHSA, Parasitology	(Room 4029) 65
SPHL-000090	DNK-Tech. University of Denmark, Natl Food Institute	Kemitorvet Bldg. 204ST

SPHL-000092	NY-Jacobi Med. Ctr.-Parasitic and Trop. Disease Lab	1400 Pelham P:Bldg. # 1, 5 f
SPHL-000095	TTO-The Caribbean Public Health Agency (CARPHA)	16-18 Jamaica #NULL
SPHL-000096	TX-Houston Health Department Laboratory	2250 Holcombe#NULL
SPHL-000097	FDA-Northeast Regional Laboratory, U.S. FDA	158-15 Liberty
SPHL-000098	CA-Placer County Public Health Laboratory	11475 C Avenue
SPHL-000100	IA-Natl Ctrs. for Animal Hlth, Nat. Vet Svcs. Lab	Diagnostic Bact 1920 Dayton A
SPHL-000121	HTI-Laboratoire National de Sante Publique	Delmas 33 et R NULL
SPHL-000123	FL Department of Health-Bureau of Epidemiology	4052 Bald Cypr Bin A-12
SPHL-000124	FDA-Natl Center for Toxicological Research	3900 NCTR Roa
SPHL-000126	FRA-Institut Pasteur, Enteric Bacterial Pathogens Unit	28 Rue du Doct cedex 15
SPHL-000127	CAP-College of American Pathologists	PT Survey Prog 325 Waukegar
SPHL-000128	WHO/NICD, External Quality Assessment Reference Unit	Private Bag X4 NULL
SPHL-000129	USDA ARS WRRRC, Produce Safety and MicroBio Research	800 Buchanan #NULL
SPHL-000130	CDPH-Vector-Borne Disease Section	850 Marina BayMS E-164
SPHL-000131	TX DSHS, Zoonosis Control Branch	1100 W. 49th S MC-1956
SPHL-000132	CDPH-Vector-Borne Disease Section - Ontario	2151 ConventicSuite 218B
SPHL-000133	AR Dept. of Health-PHL, Zoonotic Disease Section	201 S. Monroe NULL
SPHL-000134	USDA/FSIS/OPHS/EL/MCB	950 College StaNULL
SPHL-000135	ETH-Public Health Institute/Virology Research Team	Arbegnoch StreP.O.Box 1242
SPHL-000136	CAN-PH Agency of Canada, National Microbiology Lab	1015 Arlington NULL
SPHL-000137	VI-US Virgin Islands Department of Health	3500 Estate Ri NULL
SPHL-000138	CO-United States Olympic Committee	1 Olympic PlazaNULL
SPHL-000139	PER-NAMRU-6	Venezuela AverNULL
SPHL-000140	CA-Los Angeles County Public Health Laboratory	12750 Erickson NULL
SPHL-000141	FDA-Arkansas Regional Laboratory-Denver Analyst	Denver Federal NULL
SPHL-000142	TX Brooke Army Medical Center	3951 Roger BroNULL
SPHL-000143	CAN-Cadham Provincial Lab	P.O.BOX 8450 750 William A\
SPHL-000146	OH-Wright-Patterson AFB	USAFSAM/PHE 2510 Fifth Stre
SPHL-000147	COL-Instituto Nacional de Salud	Avenida calle 2 NULL
SPHL-000148	CA-Veterans Affairs Palo Alto Healthcare System	3801 Miranda #Bldg MB4 Roo
SPHL-000149	CAN-Public Health Agency of Canada, Zoonotic and Special P	1015 Arlington NULL
SPHL-000150	NGA-Nigeria Centre For Disease Control	Plot 801, Ebitu NULL
SPHL-000151	CSTOR Public Health Lab	2220 Old Penite#NULL
SPHL-000152	DC - Peace Corps Headquarters	1111 20th St. NULL
SPHL-000154	OH - Wright Patterson AFB HIV CLIA Activity	USAFSAM/PHE 2510 Fifth St.
SPHL-000155	CDC Dengue Branch	1324 Calle CañNULL
SPHL-000156	University of Minnesota	420 Delaware S1260 Mayo Bu
SPHL-000157	PR - Biological and Chemical Emergencies Lab Office of Publ	1334 Calle Canada

CITY	STATE	ZIP	COUNTRY	EMAIL	CONTACTID
Jefferson Ci	Missouri	65101	United States	labweb1@health.mo.gov	8469
Boise	Idaho	83712-829	United States	statelab@dhw.idaho.gov	8470
Helena	Montana	59601	United States	mtphl@mt.gov	8472
Oklahoma	Oklahoma	73117	United States	PHLCDCReports@health.ok.gov	8474
Nashville	Tennessee	37216	United States	DASH.CDC@tn.gov	8476
Jackson	Mississippi	39216	United States	CDCreports@msdh.state.ms.us	8478
Albuquerque	New Mexic	87102	United States	SLD.BSB@state.nm.us	8480
Raleigh	North Caro	27611-804	United States	SLPH.CDCREPORTS@dhhs.nc.gov	8482
Springfield	Illinois	62702	United States	DPH.Lab.Springfield@illinois.gov	8483
Taylorville	Utah	84129	United States	uphl@utah.gov	8485
Coralville	Iowa	52241	United States	SHL-ReferenceTest@uiowa.edu	8487
Phoenix	Arizona	85007	United States	CDC-ASPHL.Lab.Reports@azdhs.gov	8489
Reynoldsbu	Ohio	43068	United States	ODHLABS@odh.ohio.gov	8490
Denver	Colorado	80230	United States	CDPHE.LSD_CDCReports@state.co.us	8492
Smyrna	Delaware	19977	United States	DHSS_DPHL_CDC_Reports@delaware.g	8493
Columbia	South Caro	29223	United States	SC_LAB_RESULTS@dhec.sc.gov	8494
Cheyenne	Wyoming	82002	United States	wphl@wyo.gov	8496
Jacksonville	Florida	32202	United States	DLBPHL_CDCReports@flhealth.gov	8498
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Test Order Name



Suspected Agent

Clinical Diagnosis	Material Submitted
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Specimen Source Type Human/Animal	Specimen Source Type FEMB
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Specimen Source Modifier	Specimen Source Site
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Specimen Source site modif	Collection Method Human/Animal
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Collection Method FEMB	Treatment of Specimen
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Transport Medium

Treatment	Animal/Arthropod Common Name
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**Animal/Arthropod Scientific Name**

**Animal Common Name**

**Animal Scientific Name**

**Arthropod Common Name**

Arthropod Scientific Name

Immunization - Human

Immunization - Animal	Conditions
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Additional Type	Private Submitter ID	Storage Locations - Room
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Storage Locations - Storage Unit	Storage Locations - Shelf	Storage Locations - Rack
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Storage Locations - Box	Event ID	Event Name
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