Disclaimer:
The Centers for Disease Control and Prevention (CDC), an agency of the Department of Health and Human Services, is auth
including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C
voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns,
programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system C
Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating
conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researche
circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the
litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures tha
made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Priva
made without the subject individual's written consent.
Please refer to the CDC Infectious Diseases Laboratories Test Directory for information on specimen requirements. CDC m
acceptance criteria to perform laboratory tests on samples obtained from humans pursuant to the Clinical Laboratory Imp
(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 othe
will not be returned to the submitting entity.

Paperwork Reduction Act Information:
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OMB Control No.: 0920-1309
Expiration date: 11/30/2023
Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the tir
searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection
conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently val
comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for re
Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0920-1309

Introduction:
File Accessioning is a feature of ELIMS which allows the User to accession one or more specimens into ELIMS as a single opera
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 (F
to the User when the import is completed.

Production Version: 5.2

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
(Excel worksheet), which contains the same data the User enters when accessioning specimens one at a time (using the ELIM
After the User enters the specimen data into the "File Accessioning" template, the Excel worksheet (.xlsx) can be imported int

Using this template:
1. This file contains three "File Accessioning" templates (Excel worksheets): Human, Animal, and FEMB (Food, Environmental,
the origin of each specimen. The file can contain specimens in each "Origin" tab if you are accessioning multiple origins, and it
2. Row #1 contains the data captions on the CDC Specimen Submission Form (Form 50.34). This row should not be altered by
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
specimens. Each row of information represents a new specimen or aliquot record for a specimen that is being imported. The f

- 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 req
- 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 CI
4. After the User enters all of the specimen data into the "File Accessioning" template (.xlsx), the Excel worksheet is saved and
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 (derivites). To batch create subsamples in ELIMS, use the SAIT file found in ELIM

**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 wi
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" temp
frequently uses. 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 bet
- To see the full list of values for a picklist, leave the "Short List" checkbox in the "Title" row blank when entering the d

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 laborat

- 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 informatio

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

9. To assign a specimen to an SPHL, the SPHL ID must be specified. To determine the SPHL ID value, the "SPHL Institution Nam name is chosen, the corresponding SPHL ID will appear next to it. This field is for informational use, and the SPHL ID will still n 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 "S 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 a
- 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 c

11. The "Event ID" drop-down menu is used to simplify the Event ID selection process using the laboratory's ELIMS list of even 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") t
- 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 t

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
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 caus
6. Select "OK" on the "Batch Import" message. The User will receive a notification email indicating the import is complete. Thi imported.
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
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)

☐ Short List Test Order Name	☐ Short List Suspected Agent	Date Sent to CDC

At CDC, bring to the attention of:	CDC Patient ID	CDC Local Patient ID	Patient name, Last

Patient name, First	Patient name, Middle Initial	Patient name, Suffix	Patient Birthdate	Patient Age

Age units	Patient Sex	Pregnant	☐ Short List Clinical Diagnosis	Date of onset	Fatal	Date of Death

White	Black or African American	Asian	American Indian and Alaska Native	Native Hawaiian and Other Pacific Islander	Specimen collected date

	☐ Short List	☐ Short List	☐ Short List
Specimen collected time	Material submitted	Specimen source (Type)	Specimen source modifier

Short List	Short List	Short List	Short List
Specimen source site	Specimen source site modifier	Collection method	Treatment of specimen

☐ Short List Transport medium/Specimen preservative	Specimen handling	SPHL Submitter ID

SPHL Submitter Institution Name	SPHL Contact ID	SPHL Submitter Point of Contact Name, Prefix

SPHL Submitter Point of Contact Name, Last	SPHL Submitter Point of Contact Name, First	SPHL Submitter Point of Contact Name, Middle Initial	SPHL Submitter Point of Contact Name, Suffix

SPHL Submitter Point of Contact Name, Degree	SPHL Submitter Point of Contact Phone, Country Code	SPHL Submitter Point of Contact Phone, Area Code	SPHL Submitter Point of Contact Phone, Local Number

SPHL Submitter Point of Contact Phone, Extension	SPHL Submitter Point of Contact Email	SPHL Submitter Patient ID	SPHL Submitter Alternative Patient ID	SPHL Submitter Specimen ID

SPHL Submitter Alternative Specimen ID	☐ Private List Original Submitter ID	Original Submitter Lab Director or Designee Name, Prefix	Original Submitter Lab Director or Designee Name, Last	Original Submitter Lab Director or Designee Name, First

Original Submitter Lab Director or Designee Name, Middle Initial	Original Submitter Lab Director or Designee Name, Suffix	Original Submitter Lab Director or Designee Name, Degree	Original Submitter Institution Name	Original Submitter Address, Street Address Line 1

Original Submitter Address, Street Address Line 2	Original Submitter Address, City	Original Submitter Address, Zip/Postal Code	Original Submitter Address, State	Original Submitter Address, Country

Original Submitter Fax, Country Code	Original Submitter Fax, Area Code	Original Submitter Fax, Local Number	Original Submitter Email

Original Submitter Contact ID	Original Submitter Point of Contact Name, Prefix	Original Submitter Point of Contact Name, Last	Original Submitter Point of Contact Name, First

Original Submitter Point of Contact Name, Middle Initial	Original Submitter Point of Contact Name, Suffix	Original Submitter Point of Contact Name, Degree	Original Submitter Point of Contact Phone, Country Code

Original Submitter Point of Contact Phone, Area Code	Original Submitter Point of Contact Phone, Local Number	Original Submitter Point of Contact Phone, Extension

Original Submitter Point of Contact Email	Original Submitter Patient ID	Original Submitter Alternative Patient ID	Original Submitter Specimen ID	Original Submitter Alternative Specimen ID

☐ 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

Intermediate Submitter Lab Director or Designee Name, Middle Initial	Intermediate Submitter Lab Director or Designee Name, Suffix	Intermediate Submitter Lab Director or Designee Name, Degree	Intermediate Submitter Institution Name	Intermediate Submitter Address, Street Address Line 1

Intermediate Submitter Address, Street Address Line 2	Intermediate Submitter Address, City	Intermediate Submitter Address, Zip/Postal Code	Intermediate Submitter Address, State	Intermediate Submitter Address, Country

Intermediate Submitter Fax, Country Code	Intermediate Submitter Fax, Area Code	Intermediate Submitter Fax, Local Number	Intermediate Submitter Email

Intermediate Submitter Contact ID	Intermediate Submitter Point of Contact Name, Prefix	Intermediate Submitter Point of Contact Name, Last	Intermediate Submitter Point of Contact Name, First

Intermediate Submitter Point of Contact Name, Middle Initial	Intermediate Submitter Point of Contact Name, Suffix	Intermediate Submitter Point of Contact Name, Degree	Intermediate Submitter Point of Contact Phone, Country Code

Intermediate Submitter Point of Contact Phone, Area Code	Intermediate Submitter Point of Contact Phone, Local Number	Intermediate Submitter Point of Contact Phone, Extension

Intermediate Submitter Point of Contact Email	Intermediate Submitter Patient ID	Intermediate Submitter Alternative Patient ID	Intermediate Submitter Specimen ID	Intermediate Submitter Alternative Specimen ID

Brief Clinical Summary	State of Illness, Symptomatic	State of Illness, Asymptomatic	State of Illness, Acute	State of Illness, Chronic	State of Illness, Convalescent	State of Illness, Recovered

Type of Infection, Upper respiratory	Type of Infection, Lower respiratory	Type of Infection, Cardiovascular	Type of Infection, Gastrointestinal

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

Type of Infection, Ocular	Type of Infection, Joint/bone	Type of Infection, Disseminated	Type of Infection, Other	Type of Infection, Other (specify)

☐ 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	☐ Short List Therapeutic Agent(s) During Illness, Agent 2

Therapeutic Agent(s) During Illness, Agent 2 Start Date	Therapeutic Agent(s) During Illness, Agent 2 End Date	☐ Short List Therapeutic Agent(s) During Illness, Agent 3	Therapeutic Agent(s) During Illness, Agent 3 Start Date

Therapeutic Agent(s) During Illness, Agent 3 End Date	Extent, Isolated Case	Extent, Carrier	Extent, Contact	Extent, Outbreak	Extent, Outbreak Text

Extent, Family	Extent, Community	Extent, Healthcare-associated	Extent, Epidemic	Travel	Travel, Start Date	Travel, End Date

Travel: Foreign (Countries) 1	Travel: Foreign (Countries) 2	Travel: Foreign (Countries) 3	Foreign Residence (Country)	Travel: United States (States) 1	Travel: United States (States) 2	Travel: United States (States) 3

United States Residence (State)	Exposure	Date of Exposure	Animal Exposure	Animal Type of Exposure	☐ Short List Animal Common Name

☐ Short List Animal Scientific Name	Arthropod Exposure	Arthropod Type of Exposure	☐ Short List Arthropod Common Name

☐ Short List Arthropod Scientific Name	☐ Short List Immunization 1	Immunization 1, Date Received	☐ Short List Immunization 2	Immunization 2, Date Received

☐ Short List Immunization 3	Immunization 3, Date Received	☐ Short List Immunization 4	Immunization 4, Date Received	Previous Laboratory Results

Comments	Delivered to Unit #	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)	Condition, Specimen, STAT Laboratory (STAT only)	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)	Condition, Specimen, Testing Laboratory (Unit only)

Additional ID 1	☐ Short List Additional Type 1	Additional ID 2	☐ Short List Additional Type 2	Suspected Agent Category

Case Id	Date 01	Date 02	Numeric 01

Numeric 02	Decimal 01	Alpha Numeric 01	Alpha Numeric 02

Alpha Numeric 03	Alpha Numeric 04	Alpha Numeric 05	Volume	Unit of Measure

Container Type	Help On Storage Fields Storage Locations - Location	Storage Locations - Building	Storage Locations - Room

Storage Locations - Storage Unit	Storage Locations - Shelf	Storage Locations - Rack	Storage Locations - Box	Storage Locations - Absolute Position	Storage Locations - Custodian (User ID)	Storage Locations - Comment

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

Aliquot
Comment

Package ID	CSID	CUID	Origin (This field is required)	☐ Short List Test Order Name	☐ Short List Suspected Agent

Date Sent to CDC	At CDC, bring to the attention of:	CDC Patient ID	CDC Local Patient ID	Animal

Arthropod	☐ Short List Common Name	☐ Short List Scientific Name	Animal Name	Animal Category

Sex	Birthdate	Age	Age units	☐ Short List Clinical Diagnosis	Date of onset	Fatal

Date of Death	Specimen collected date	Specimen collected time	☐ Short List Material submitted	☐ Short List Specimen source (Type)

☐ Short List Specimen source modifier	☐ Short List Specimen source site	☐ Short List Specimen source site modifier	☐ Short List Collection method

☐ Short List **Treatment of specimen**	☐ Short List **Transport medium/Specimen preservative**	**Specimen handling**

SPHL Submitter ID	SPHL Submitter Institution Name	SPHL Contact ID	SPHL Submitter Point of Contact Name, Prefix

SPHL Submitter Point of Contact Name, Last	SPHL Submitter Point of Contact Name, First	SPHL Submitter Point of Contact Name, Middle Initial	SPHL Submitter Point of Contact Name, Suffix

SPHL Submitter Point of Contact Name, Degree	SPHL Submitter Point of Contact Phone, Country Code	SPHL Submitter Point of Contact Phone, Area Code	SPHL Submitter Point of Contact Phone, Local Number

SPHL Submitter Point of Contact Phone, Extension	SPHL Submitter Point of Contact Email	SPHL Submitter Animal ID	SPHL Submitter Alternative Animal ID	SPHL Submitter Specimen ID

SPHL Submitter Alternative Specimen ID	☐ Private List Original Submitter ID	Original Submitter Lab Director or Designee Name, Prefix	Original Submitter Lab Director or Designee Name, Last	Original Submitter Lab Director or Designee Name, First

Original Submitter Lab Director or Designee Name, Middle Initial	Original Submitter Lab Director or Designee Name, Suffix	Original Submitter Lab Director or Designee Name, Degree	Original Submitter Institution Name	Original Submitter Address, Street Address Line 1

Original Submitter Address, Street Address Line 2	Original Submitter Address, City	Original Submitter Address, Zip/Postal Code	Original Submitter Address, State	Original Submitter Address, Country

Original Submitter Fax, Country Code	Original Submitter Fax, Area Code	Original Submitter Fax, Local Number	Original Submitter Email

Original Submitter Contact ID	Original Submitter Point of Contact Name, Prefix	Original Submitter Point of Contact Name, Last	Original Submitter Point of Contact Name, First

Original Submitter Point of Contact Name, Middle Initial	Original Submitter Point of Contact Name, Suffix	Original Submitter Point of Contact Name, Degree	Original Submitter Point of Contact Phone, Country Code

Original Submitter Point of Contact Phone, Area Code	Original Submitter Point of Contact Phone, Local Number	Original Submitter Point of Contact Phone, Extension

Original Submitter Point of Contact Email	Original Submitter Animal ID	Original Submitter Alternative Animal ID	Original Submitter Specimen ID	Original Submitter Alternative Specimen ID

☐ 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

Intermediate Submitter Lab Director or Designee Name, Middle Initial	Intermediate Submitter Lab Director or Designee Name, Suffix	Intermediate Submitter Lab Director or Designee Name, Degree	Intermediate Submitter Institution Name	Intermediate Submitter Address, Street Address Line 1

Intermediate Submitter Address, Street Address Line 2	Intermediate Submitter Address, City	Intermediate Submitter Address, Zip/Postal Code	Intermediate Submitter Address, State	Intermediate Submitter Address, Country

Intermediate Submitter Fax, Country Code	Intermediate Submitter Fax, Area Code	Intermediate Submitter Fax, Local Number	Intermediate Submitter Email

Intermediate Submitter Contact ID	Intermediate Submitter Point of Contact Name, Prefix	Intermediate Submitter Point of Contact Name, Last	Intermediate Submitter Point of Contact Name, First

Intermediate Submitter Point of Contact Name, Middle Initial	Intermediate Submitter Point of Contact Name, Suffix	Intermediate Submitter Point of Contact Name, Degree	Intermediate Submitter Point of Contact Phone, Country Code

Intermediate Submitter Point of Contact Phone, Area Code	Intermediate Submitter Point of Contact Phone, Local Number	Intermediate Submitter Point of Contact Phone, Extension

Intermediate Submitter Point of Contact Email	Intermediate Submitter Animal ID	Intermediate Submitter Alternative Animal ID	Intermediate Submitter Specimen ID	Intermediate Submitter Alternative Specimen ID

Owner Name, Last	Owner Name, First	Owner Name, Middle Initial	Owner Name, Suffix	Owner Address, Street Address Line 1

Owner Address, Street Address Line 2	Owner Address, City	Owner Address, State	Owner Address, Zip/Postal Code

Owner Address, Country	Owner Phone, Country code	Owner Phone, Area code	Owner Phone, Local Number	Field Collection Address, Street Address Line 1

Field Collection Address, Street Address Line 2	Field Collection Address, City	Field Collection Address, State	Field Collection Address, Zip/Postal Code	Field Collection Address, Country

Field Collection, Latitude	Field Collection, Longitude	Field Collection UTM Coordinates, Grid zone designator	Field Collection UTM Coordinates, Easting	Field Collection UTM Coordinates, Northing

Brief Clinical Summary	State of Illness, Symptomatic	State of Illness, Asymptomatic	State of Illness, Acute	State of Illness, Chronic	State of Illness, Convalescent	State of Illness, Recovered

Type of Infection, Upper respiratory	Type of Infection, Lower respiratory	Type of Infection, Cardiovascular	Type of Infection, Gastrointestinal	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	Type of Infection, Ocular

Type of Infection, Joint/bone	Type of Infection, Disseminated	Type of Infection, Other	Type of Infection, Other (specify)

☐ 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	☐ Short List Therapeutic Agent(s) During Illness, Agent 2	Therapeutic Agent(s) During Illness, Agent 2 Start Date

Therapeutic Agent(s) During Illness, Agent 2 End Date	☐ Short List Therapeutic Agent(s) During Illness, Agent 3	Therapeutic Agent(s) During Illness, Agent 3 Start Date	Therapeutic Agent(s) During Illness, Agent 3 End Date	Extent, Isolated Case	Extent, Carrier

Extent, Contact	Extent, Outbreak	Extent, Epizootic	Extent, Other	Extent, Other (specify)	Herd Size	No. in herd affected

No. in herd dead	Exposure	Animal Exposure	Animal Type of Exposure	☐ Short List Animal Common Name	☐ Short List Animal Scientific Name

Arthropod Exposure	Arthropod Type of Exposure	☐ Short List Arthropod Common Name	☐ Short List Arthropod Scientific Name	Human Exposure	Human Type of Exposure

Travel	Travel, Start Date	Travel, End Date	Travel: Foreign (Countries) 1	Travel: Foreign (Countries) 2	Travel: Foreign (Countries) 3	Foreign Residence (Country)

Travel: United States (States) 1	Travel: United States (States) 2	Travel: United States (States) 3	United States Residence (State)	☐ Short List Immunization 1	Immunization 1, Date Received

☐ Short List Immunization 2	Immunization 2, Date Received	☐ Short List Immunization 3	Immunization 3, Date Received	☐ Short List Immunization 4	Immunization 4, Date Received

Previous Laboratory Results	Comments	Delivered to Unit #	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)	Condition, Specimen, STAT Laboratory (STAT only)

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)

Condition, Specimen, Testing Laboratory (Unit only)	Additional ID 1	☐ Short List Additional Type 1	Additional ID 2	☐ Short List Additional Type 2

Suspected Agent Category	Case Id	Date 01	Date 02

Numeric 01	Numeric 02	Decimal 01	Alpha Numeric 01

Alpha Numeric 02	**Alpha Numeric 03**	**Alpha Numeric 04**	**Alpha Numeric 05**

Volume	Unit of Measure	Container Type	Help On Storage Fields Storage Locations - Location	Storage Locations - Building

Storage Locations - Room	Storage Locations - Storage Unit	Storage Locations - Shelf	Storage Locations - Rack	Storage Locations - Box	Storage Locations - Absolute Position

Storage Locations - Custodian (User ID)	Storage Locations - Comment	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	Aliquot Comment

Package ID	CSID	CUID	Origin (This field is required)	☐ Short List Test Order Name	☐ Short List Suspected Agent

Date Sent to CDC	At CDC, bring to the attention of:	Specimen collected date	Specimen collected time	☐ Short List Material submitted

Short List Specimen source (Type)	Short List Specimen source site	Short List Specimen source site modifier	Short List Collection method

☐ Short List Treatment of specimen	☐ Short List Transport medium/Specimen preservative	 Specimen handling

SPHL Submitter ID	**SPHL Submitter Institution Name**	**SPHL Contact ID**	**SPHL Submitter Point of Contact Name, Prefix**

SPHL Submitter Point of Contact Name, Last	SPHL Submitter Point of Contact Name, First	SPHL Submitter Point of Contact Name, Middle Initial	SPHL Submitter Point of Contact Name, Suffix

SPHL Submitter Point of Contact Name, Degree	SPHL Submitter Point of Contact Phone, Country Code	SPHL Submitter Point of Contact Phone, Area Code	SPHL Submitter Point of Contact Phone, Local Number

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

SPHL Submitter Alternative Specimen ID	☐ Private List Original Submitter ID	Original Submitter Lab Director or Designee Name, Prefix	Original Submitter Lab Director or Designee Name, Last	Original Submitter Lab Director or Designee Name, First

Original Submitter Lab Director or Designee Name, Middle Initial	Original Submitter Lab Director or Designee Name, Suffix	Original Submitter Lab Director or Designee Name, Degree	Original Submitter Institution Name	Original Submitter Address, Street Address Line 1

Original Submitter Address, Street Address Line 2	Original Submitter Address, City	Original Submitter Address, Zip/Postal Code	Original Submitter Address, State	Original Submitter Address, Country

Original Submitter Fax, Country Code	Original Submitter Fax, Area Code	Original Submitter Fax, Local Number	Original Submitter Email

Original Submitter Contact ID	Original Submitter Point of Contact Name, Prefix	Original Submitter Point of Contact Name, Last	Original Submitter Point of Contact Name, First

Original Submitter Point of Contact Name, Middle Initial	Original Submitter Point of Contact Name, Suffix	Original Submitter Point of Contact Name, Degree	Original Submitter Point of Contact Phone, Country Code

Original Submitter Point of Contact Phone, Area Code	Original Submitter Point of Contact Phone, Local Number	Original Submitter Point of Contact Phone, Extension

Original Submitter Point of Contact Email	Original Submitter Sample ID	Original Submitter Alternative Sample ID	Original Submitter Specimen ID	Original Submitter Alternative Specimen ID

☐ 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

Intermediate Submitter Lab Director or Designee Name, Middle Initial	Intermediate Submitter Lab Director or Designee Name, Suffix	Intermediate Submitter Lab Director or Designee Name, Degree	Intermediate Submitter Institution Name	Intermediate Submitter Address, Street Address Line 1

Intermediate Submitter Address, Street Address Line 2	Intermediate Submitter Address, City	Intermediate Submitter Address, Zip/Postal Code	Intermediate Submitter Address, State	Intermediate Submitter Address, Country

Intermediate Submitter Fax, Country Code	Intermediate Submitter Fax, Area Code	Intermediate Submitter Fax, Local Number	Intermediate Submitter Email

Intermediate Submitter Contact ID	Intermediate Submitter Point of Contact Name, Prefix	Intermediate Submitter Point of Contact Name, Last	Intermediate Submitter Point of Contact Name, First

Intermediate Submitter Point of Contact Name, Middle Initial	Intermediate Submitter Point of Contact Name, Suffix	Intermediate Submitter Point of Contact Name, Degree	Intermediate Submitter Point of Contact Phone, Country Code

Intermediate Submitter Point of Contact Phone, Area Code	Intermediate Submitter Point of Contact Phone, Local Number	Intermediate Submitter Point of Contact Phone, Extension

Intermediate Submitter Point of Contact Email	Intermediate Submitter Sample ID	Intermediate Submitter Alternative Sample ID	Intermediate Submitter Specimen ID	Intermediate Submitter Alternative Specimen ID

Brand/Manufacturer	Specific Product Name	Lot Number	Expiration Date	Quantity

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

Sample purchased or collected at, City	Sample purchased or collected at, Zip/Postal Code	Sample purchased or collected at, State	Sample purchased or collected at, Country	Sample Location, Sample collected at:

Sample Location, Latitude	Sample Location, Longitude	UTM Coordinates, Grid Zone Designator	UTM Coordinates, Easting	UTM Coordinates, Northing

Environmental Temperature	Additional Sample Information	Previous Laboratory Results	Comments

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)

Condition, Specimen, STAT Laboratory (STAT only)	Delivered to Unit #	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)	Condition, Specimen, Testing Laboratory (Unit only)	Additional ID 1

☐ Short List Additional Type 1	Additional ID 2	☐ Short List Additional Type 2	Suspected Agent Category	Case Id

Date 01	Date 02	Numeric 01	Numeric 02

Decimal 01	Alpha Numeric 01	Alpha Numeric 02	Alpha Numeric 03

Alpha Numeric 04	Alpha Numeric 05	Volume	Unit of Measure	Container Type

Help On Storage Fields Storage Locations - Location	Storage Locations - Building	Storage Locations - Room	Storage Locations - Storage Unit	Storage Locations - Shelf	Storage Locations - Rack

Storage Locations - Box	Storage Locations - Absolute Position	Storage Locations - Custodian (User ID)	Storage Locations - Comment	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

Aliquot Comment

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 Woodı	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 270	
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 Div	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 D	
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 - Michigan Department of Health and Human Services - E	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 S	Suite B
SPHL-000023	NYSDOH Wadsworth Center	Axelrod Institut	120 New Scotl
SPHL-000024	NYSDOH Wadsworth Center, Bacteriology Lab	Axelrod Institut	120 New Scotl
SPHL-000025	NYSDOH Wadsworth Center, Virology Lab	Axelrod Institut	120 New Scotl
SPHL-000026	NYSDOH Wadsworth Center, Diag. Immunology Lab	Axelrod Institut	120 New Scotl
SPHL-000027	NYSDOH Wadsworth Center, Tuberculosis Lab	Axelrod Institut	120 New Scotl
SPHL-000028	NYSDOH Wadsworth Center, Biodefense Lab	Axelrod Institut	120 New Scotl
SPHL-000029	NYSDOH Wadsworth Center, Parasitology Lab	Axelrod Institut	120 New Scotl
SPHL-000030	NYSDOH Wadsworth Center, Mycology Lab	Axelrod Institut	120 New Scotl
SPHL-000031	NYSDOH Wadsworth Center, Bloodborne Virus Lab	Axelrod Institut	120 New Scotl
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. N	
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 I	
SPHL-000044	NYC Department of Health and Mental Hygiene	Public Health L	455 First Aven

SPHL-000045	MA State Public Health Laboratory	305 South Stree	NULL
SPHL-000046	ME Health and Environmental Testing Laboratory	221 State Stree	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 Bay	Rm. E-361
SPHL-000049	PR Public Health Lab	Periferal St. Bld	Call Box 70184
SPHL-000050	RI State Health Laboratories	50 Orms Street	NULL
SPHL-000051	AL Dept. of Public Health Bureau of Clinical Laboratories	P. O. Box 1000	204 Legends C
SPHL-000052	DC Public Health Lab/ Dept. of Forensic Sciences	401 E Street SW	4th Floor
SPHL-000053	CDPH, Microbial Diseases Laboratory	850 Marina Bay	MS E-164
SPHL-000054	ND Dept. of Health Laboratory Services-Microbiology	2635 East Main	PO Box 5520
SPHL-000055	CT-Dr. Katherine A. Kelley State Public Health Lab	395 West Stree	PO 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 A	NULL
SPHL-000061	WVDHHR - Office of Laboratory Services	167 11th Avenu	
SPHL-000062	GA Department of Public Health Laboratory	1749 Clairmont	NULL
SPHL-000063	OR State PHL-Virology/Immunology Section	PO Box 275	
SPHL-000064	OR State PHL-General Microbiology Section	7202 NE Evergr	Suite 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. Virginia	MS0385
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 Luth	
SPHL-000072	NV-Southern Nevada Health Dist. Office of Epidemiology	600 Shadow La	Suite 206
SPHL-000073	CDC Occupational Health Clinic	1600 Clifton Rd	Building 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 St	13NU rm. 135
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 Bl	RM EM3-3244
SPHL-000079	CA-Santa Clara County Public Health Laboratory	2220 Moorpark	2nd 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 Av	3333 Burnet A
SPHL-000083	MA-Tufts Medical Center, Send-out Department	800 Washingtor	
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 Tayl	2nd floor
SPHL-000088	IL Dept. of Public Health Carbondale Laboratory	1155 S. Oaklanc	PO Box 2797
SPHL-000089	CAN-British Columbia PH Micro and Ref. Lab, PHSA, Parasito	(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 E	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 Avenu	
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 WRRC, Produce Safety and MicroBio Research	800 Buchanan S	NULL
SPHL-000130	CDPH-Vector-Borne Disease Section	850 Marina Bay	MS E-164
SPHL-000131	TX DSHS, Zoonosis Control Branch	1100 W. 49th S	MC-1956
SPHL-000132	CDPH-Vector-Borne Disease Section - Ontario	2151 Conventic	Suite 218B
SPHL-000133	AR Dept. of Health-PHL, Zoonotic Disease Section	201 S. Monroe	NULL
SPHL-000134	USDA/FSIS/OPHS/EL/MCB	950 College Sta	NULL
SPHL-000135	ETH-Public Health Institute/Virology Research Team	Arbegnoch Stre	P.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 Plaza	NULL
SPHL-000139	PER-NAMRU-6	Venezuela Aver	NULL
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 Bro	NULL
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 A	Bldg MB4 Roo
SPHL-000149	CAN-Public Health Agency of Canada, Zoonotic and Special F	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-000156	University of Minnesota	420 Delaware S	1260 Mayo Bu
SPHL-000157	PR - Biological and Chemical Emergencies Lab Office of Pub	1334 Calle Canada	
SPHL-000159	GU - Guam Public Health Laboratory	761 S. Marine C	RanCare Bldg.,
SPHL-000160	MP - Commonwealth Health Center	1 Lower Navy H	P.O. Box 5004

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8498	Designee	Dr Carina Blackmore DVM, P	1-904-791-15	1-904-791-
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8557	Designee	Dr Luke Short PhD	1-202-727-691-202-724-
8558	Designee	Dr Carl Hanson PhD	1-510-412-371-510-412-
8559	Designee	Dr Christie Massen PhD	1-701-328-621-701-328-
63648	Designee	Dr Jafar L Razeq PhD	1-860-920-651-860-920-
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8568	Designee	Dr James D Schauer PhD	1-800-862-101-844-390-
8569	Designee	Dr Robert A. Myers PhD	1-443-681-381-443-681-
8570	Designee	Ms Sharon L Cibrik MT(AS CP	1-304-558-351-304-558-
8572	Designee	Dr Arthur F Hagar PhD, HCLD	1-404-327-791-404-327-
155971	Designee	Dr Jon Fontana	1-503-693-411-503-693-
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8580	Designee	Dr Mark W Pandori PhD, HCL	1-775-682-621-775-327-
8582	Designee	Dr Romesh Gautom PhD	1-206-418-541-206-364-
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155969	Designee	Dr Joseph Benson MD	1-702-759-101-702-759-
8766	Designee	Dr John Middaugh PhD	1-702-759-131-702-759-
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8828	Designee	Ms Carolyn Mermon MA,ML	1-202-663-171-202-663-
8830	Designee	Dr Karen Frank M.D., Ph.D.,	1-301-402-031-301-402-
8832	Designee	Dr Andrea Boggild MD	1-416-340-361-416-340-
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8884	Designee	Dr Ndao Momar DVM, PhD	1-514-934-191-514-934-
8956	Designee	Mr Brandon J Bonin MS	1-408-885-421-408-885-
8958	Designee	Dr Rogan Lee	61-2-984562561-2-98938
8960	Designee	Dr Martin S Wolfe MD.	1-202-466-811-202-331-
9050	Designee	Dr Paul Steele	1-513-636-301-513-636-
9052	Designee	James Roger	1-617-636-721-617-636-
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9275	Designee	Dr Stephen Apfelroth MD, Ph	1-718-918-44	1-718-918-
9390	Designee	Dr Gabriel M Gonzalez-Esco	1-868-622 42	1-868-628
9501	Designee	Dr Larry Seigler Ph.D.,DABCC	1-832-393-39	1-832-393-
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10524	Designee	Dr Francois-Xavier Weill MD,	33-1-45-68-8	33-1-40-61
300010704	Designee	David Lonsway	-5163	--
42163	Designee	Dr Olga Perovic	27-0-11 555	27-0-11 55
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42173	Designee	Dr Kerry Padgett	1-510-412-62	1-510-412-
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46426	Designee	Dr Katie Seely PhD	1-870-405-07	1-870-424-
53611	Designee	Dr Glenn Tillman PhD	1-706-546-24	1-706-546-
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156981	Designee	Dr Jimena Rivera PhD	051--614441	051--61441
196009	Designee	Dr Nicole Green PhD	1-562-658-14	--
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200463	Designee	Dr Elizabeth Macias	1-937-938-31	--
201964	Designee	Carolina Duarte Valderrama	57-1-220 770	--
300010705	Designee	Mark Winters	1-650-493-50	--
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209187	Designee	Vidya Ramachandra	1-208-334-22	1-208-334-
212671	Designee	Dr Kyle Petersen MD	1-202-692-20	1-202-692-
300000799	Designee	Ms. Jennifer Voehringer MT(	1-937-938-32	--
300000976	Designee	Dr Claudia Munoz-Zani PhD	1-612-625-31	1-612-624-
300010706	Designee	Marangely Olivero	1-787-765-29	--
240098	Designee	Mrs Anne Marie G Santos BS	1-671-300-90	1-671-300-
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Test Order Name

Suspected Agent

Clinical Diagnosis	Material Submitted

Specimen Source Type Human/Animal	Specimen Source Type FEMB

Specimen Source Modifier	Specimen Source Site

Specimen Source site modif	Collection Method Human/Animal

Collection Method FEMB	Treatment of Specimen

Transport Medium

Treatment	Animal/Arthropod Common Name

Animal/Arthropod Scientific Name	Animal Common Name

Animal Scientific Name	Arthropod Common Name

Arthropod Scientific Name	Immunization - Human

Immunization - Animal	Conditions

Additional Type	Private Submitter ID	Storage Locations - Room

Storage Locations - Storage Unit	Storage Locations - Shelf	Storage Locations - Rack

Storage Locations - Box	Event ID	Event Name