

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. Your participation 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-1000-0001, "Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating agencies; to other Federal agencies in conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers and other qualified 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 that you meet 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.: 0920-1309

Expiration date: 11/30/2023

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), U.S. Department of Health and Human Services, 1600 Clifton Road NE, 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 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: 5.12

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). 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 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 result in errors. Each row of information represents a new specimen or aliquot record for a specimen that is being imported. The fields are:
 - 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.
 - 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 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 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. "Storage Location" information can be added by laboratories into the "Storage Location" section of FastLookup. This allows the User to add new Storage Location drop-down menus. This will decrease the number of data entry errors when importing into storage locations. To add a laboratory Storage Location:

- 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 the 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 spreadsheet does not need to change the field value to a valid ELIMS format or the file will fail during accessioning. When copying and pasting into the spreadsheet, only 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. 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 copy, make sure to copy the correct field.
- 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.

12. You can designate a row as a Subsample by entering a "Y" value in the "Is Subsample" field located on the second to last column of the GFAT and click on the "Set Up Subsample" button on the screen. The system will then generate a SAIT file containing a Subsample for the following Rules when using this feature:

- The generate Subsample feature will only work with GFATs that have Passed.
- If a Row is designated as a Subsample it will be ignored during File Accessioning.
- Although the Specimen Source Type field is required for each specimen in the GFAT, it will not be required for Samples designated as a Subsample.
- If the CSID, CUID, or Parent CUID are not specified in the GFAT for a Subsample, then those fields will be blank when the SAIT file is generated.
- You cannot specify a Parent CUID if the "Is Subsample" field is left blank. This will cause the GFAT to fail.
- The CSID field will be highlighted in Blue if a row is designated as a Subsample.
- The following fields can be imported into the SAIT using this feature: "CSID, CUID, Parent CUID, CDC Local Aliquot ID"

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 cause the import to begin.
6. Select "OK" on the "Batch Import" message. The User will receive a notification email indicating the import is complete. This message will also indicate the number of specimens 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 will see the 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)
------------	------	------	------------------------------------

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	<input type="checkbox"/> 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
--------------	----------------------------------	--------------	--	---	--------------------------------

Specimen collected time	<input type="checkbox"/> Short List Material submitted	<input type="checkbox"/> Short List Specimen source (Type) (Required for Specimens Only)	<input type="checkbox"/> Short List Specimen source modifier
-------------------------	---	---	---

<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> 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	<input type="checkbox"/> 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
--	--	--	---	---

<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

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)
------------------------------	----------------------------------	------------------------------------	-----------------------------	---------------------------------------

<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	Therapeutic Agent(s) During Illness, Agent 2 End Date	<input type="checkbox"/> 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	<input type="checkbox"/> Short List Animal Common Name
---------------------------------------	----------	---------------------	--------------------	----------------------------	---

<input type="checkbox"/> Short List Animal Scientific Name	Arthropod Exposure	Arthropod Type of Exposure	<input type="checkbox"/> Short List Arthropod Common Name
---	--------------------	----------------------------	--

<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
--	---	----------------------------------	---	----------------------------------

<input type="checkbox"/> Short List Immunization 3	Immunization 3, Date Received	<input type="checkbox"/> 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	<input type="checkbox"/> Short List Additional Type 1	Additional ID 2	<input type="checkbox"/> 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	Additional Aliquot ID	Is Subsample	Parent CUID
--------------------	--------------------------	-----------------	-------------

Package ID	CSID	CUID	Origin (This field is required)	<input type="checkbox"/> Short List Test Order Name	<input type="checkbox"/> Short List Suspected Agent
------------	------	------	------------------------------------	--	--

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

Arthropod	<input type="checkbox"/> Short List Common Name	<input type="checkbox"/> Short List Scientific Name	Animal Name	Animal Category
------------------	--	--	--------------------	------------------------

Sex	Birthdate	Age	Age units	<input type="checkbox"/> Short List Clinical Diagnosis	Date of onset	Fatal
-----	-----------	-----	-----------	---	---------------	-------

Date of Death	Specimen collected date	Specimen collected time	<input type="checkbox"/> Short List Material submitted	<input type="checkbox"/> Short List Specimen source (Type) (Required for Specimens Only)
---------------	-------------------------	-------------------------	---	---

<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
--	---	---------------------------

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	<input type="checkbox"/> 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
--	---	---	---	---

<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
---	---	--	--

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)
----------------------------------	------------------------------------	-----------------------------	---------------------------------------

<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
--	--	--	--	--

Therapeutic Agent(s) During Illness, Agent 2 End Date	<input type="checkbox"/> 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	<input type="checkbox"/> Short List Animal Common Name	<input type="checkbox"/> Short List Animal Scientific Name
------------------	----------	-----------------	-------------------------	---	---

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
--------------------	----------------------------	--	--	----------------	------------------------

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)	<input type="checkbox"/> Short List Immunization 1	Immunization 1, Date Received
-------------------------------------	-------------------------------------	-------------------------------------	---------------------------------	---	-------------------------------

<input type="checkbox"/> Short List Immunezation 2	Immunezation 2, Date Received	<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	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	<input type="checkbox"/> Short List Additional Type 1	Additional ID 2	<input type="checkbox"/> 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	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 <i>(Only displays for 1 event ID)</i>	CDC CASE ID	Date Subsample Received in Lab
--	------------------------------------	---------------------	---	--------------------	---------------------------------------

Subsample Comment	Date Aliquot Received in Lab	Aliquot Comment	Additional Aliquot ID	Is Subsample	Parent CUID
----------------------	------------------------------------	--------------------	--------------------------	--------------	-------------

Package ID	CSID	CUID	Origin (This field is required)	<input type="checkbox"/> Short List Test Order Name	<input type="checkbox"/> Short List Suspected Agent
------------	------	------	------------------------------------	--	--

Date Sent to CDC	At CDC, bring to the attention of:	Specimen collected date	Specimen collected time	<input type="checkbox"/> Short List Material submitted
------------------	------------------------------------	-------------------------	-------------------------	---

<input type="checkbox"/> Short List Specimen source (Type) (Required for Specimens Only)	<input type="checkbox"/> Short List Specimen source site	<input type="checkbox"/> Short List Specimen source site modifier	<input type="checkbox"/> Short List Collection method
---	---	--	--

<input type="checkbox"/> Short List Treatment of specimen	<input type="checkbox"/> 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	<input type="checkbox"/> 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
--	---	---	---	---

<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

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
---	--	--	------------------------

<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
----------------	----------------	-------------------	-------------------

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
--------------------------------	--	--	------------------------------------	---------------------

<p>Help Using Event Name</p> <p>Event Name (Only displays for 1 event ID)</p>	<p>CDC CASE ID</p>	<p>Date Subsample Received in Lab</p>	<p>Subsample Comment</p>	<p>Date Aliquot Received in Lab</p>
---	--------------------	---	------------------------------	---

Aliquot Comment	Additional Aliquot ID	Is Subsample	Parent CUID
-----------------	-----------------------	-----------------	-------------

Submitter ID
SPHL-000001
SPHL-000002
SPHL-000003
SPHL-000004
SPHL-000005
SPHL-000006
SPHL-000007
SPHL-000008
SPHL-000009
SPHL-000010
SPHL-000011
SPHL-000012
SPHL-000013
SPHL-000014
SPHL-000015
SPHL-000016
SPHL-000017
SPHL-000018
SPHL-000019
SPHL-000020
SPHL-000021
SPHL-000022
SPHL-000023
SPHL-000024
SPHL-000025
SPHL-000026
SPHL-000027
SPHL-000028
SPHL-000029
SPHL-000030
SPHL-000031
SPHL-000032
SPHL-000033
SPHL-000034
SPHL-000035
SPHL-000036
SPHL-000037
SPHL-000038
SPHL-000039
SPHL-000040
SPHL-000041
SPHL-000042
SPHL-000043
SPHL-000044

SPHL-000045
SPHL-000046
SPHL-000047
SPHL-000048
SPHL-000049
SPHL-000050
SPHL-000051
SPHL-000052
SPHL-000053
SPHL-000054
SPHL-000055
SPHL-000056
SPHL-000057
SPHL-000058
SPHL-000059
SPHL-000060
SPHL-000061
SPHL-000062
SPHL-000063
SPHL-000064
SPHL-000065
SPHL-000066
SPHL-000067
SPHL-000068
SPHL-000069
SPHL-000071
SPHL-000072
SPHL-000073
SPHL-000074
SPHL-000075
SPHL-000076
SPHL-000077
SPHL-000078
SPHL-000079
SPHL-000080
SPHL-000081
SPHL-000082
SPHL-000083
SPHL-000084
SPHL-000087
SPHL-000088
SPHL-000089
SPHL-000090
SPHL-000092
SPHL-000095

SPHL-000096
SPHL-000097
SPHL-000100
SPHL-000121
SPHL-000124
SPHL-000126
SPHL-000127
SPHL-000128
SPHL-000129
SPHL-000130
SPHL-000131
SPHL-000132
SPHL-000133
SPHL-000134
SPHL-000135
SPHL-000136
SPHL-000137
SPHL-000138
SPHL-000139
SPHL-000140
SPHL-000141
SPHL-000142
SPHL-000143
SPHL-000146
SPHL-000147
SPHL-000148
SPHL-000149
SPHL-000150
SPHL-000151
SPHL-000152
SPHL-000154
SPHL-000156
SPHL-000157
SPHL-000159
SPHL-000160
SPHL-000161
SPHL-000162
SPHL-000163
SPHL-000164

Submitter Name

MO State Public Health Laboratory
ID Bureau of Laboratories
MT Public Health Laboratory
OK Public Health Laboratory, Oklahoma State DOH
TN Division of Laboratory Services
MS Public Health Laboratory
NM Dept. Health, Scientific Laboratory Division
NC State Laboratory of Public Health
IL Dept. of Public Health Springfield Laboratory
UT-Unified State Labs: Public Health Utah DOH
IA State Hygienic Laboratory
AZ SPHL, Arizona Department of Health Services
OH Department of Health Laboratory
CO Dept. of Public Health and Environment, Lab Services Division
DE Public Health Laboratory
SC- South Carolina Department of Health & Environmental Control - Public Health Laboratory
WY Public Health Laboratory
FL Bur. of Public Health Laboratories-Jacksonville
VA-Division of Consolidated Laboratory Services
MI - Michigan Department of Health and Human Services - Bureau of Laboratories
HI Dept. of Health, State Laboratories Division
IN State Department of Health Laboratory Services
NYSDOH Wadsworth Center
NYSDOH Wadsworth Center, Bacteriology Lab
NYSDOH Wadsworth Center, Virology Lab
NYSDOH Wadsworth Center, Diag. Immunology Lab
NYSDOH Wadsworth Center, Tuberculosis Lab
NYSDOH Wadsworth Center, Biodefense Lab
NYSDOH Wadsworth Center, Parasitology Lab
NYSDOH Wadsworth Center, Mycology Lab
NYSDOH Wadsworth Center, Bloodborne Virus Lab
KS Health and Environmental Laboratories
KY State Public Health Lab
MN PHL Division, Minnesota Department of Health
AR Dept. of Health-Public Health Lab
AR Dept. of Health-Pub. Health Lab, Immunology Lab
AR Dept. of Health-PHL, Clinical Micro Lab
AR Dept. of Health-PHL, TB/Mycology Lab
AR Dept. of Health-PHL, Molecular Diagnostics
AR Dept. of Health-PHL/Chemical Terrorism
SD Public Health Laboratory
NH Dept. of Health and Human Services Public Health Labs
NJ Public Health and Environmental Laboratories
NYC Department of Health and Mental Hygiene

MA State Public Health Laboratory
ME Health and Environmental Testing Laboratory
AK State Public Health Lab, State Health Department
CDPH, Viral and Rickettsial Disease Laboratory
PR Public Health Lab
RI State Health Laboratories
AL Dept. of Public Health Bureau of Clinical Laboratories
DC Public Health Lab/ Dept. of Forensic Sciences
CDPH, Microbial Diseases Laboratory
ND Dept. of Health Laboratory Services-Microbiology
CT-Dr. Katherine A. Kelley State Public Health Lab
LA Office of Public Health Laboratories
VT Dept. of Health Laboratory
NE Public Health Laboratory
WI State Laboratory of Hygiene
MD DOH Laboratories Administration
WVDHHR - Office of Laboratory Services
GA Department of Public Health Laboratory
OR State PHL-Virology/Immunology Section
OR State PHL-General Microbiology Section
TX DSHS, Lab Services Section MC 1947
PA Department of Health, Bureau of Laboratories
NV State Public Health Laboratory
WA State Department of Health
FL Bureau of Public Health Laboratories-Tampa
NV-Southern Nevada Public Health Laboratory
NV-Southern Nevada Health Dist. Office of Epidemiology
CDC Occupational Health Clinic
DC -Bureau of Medical Services , US Dept. of State
NIH Clinical Center, Dept. of Laboratory Medicine
CAN-The Toronto Hospital, Tropical Disease Unit
CAN-British Columbia PH Microbiology and Ref. Laboratory
CAN-Natl Reference Centre for Parasitology (NRCP)
CA-Santa Clara County Public Health Laboratory
AUS-Centre for ID and Microbiology Lab Services
DC-The Parasitology Laboratory of Washington
OH-Cincinnati Childrens Hospital Medical Center
MA-Tufts Medical Center, Send-out Department
FL Bureau of Public Health Laboratories-Miami
IL Department of Public Health Chicago Laboratory
IL Dept. of Public Health Carbondale Laboratory
CAN-British Columbia PH Micro and Ref. Lab, PHSA, Parasitology Sec
DNK-Tech. University of Denmark, Natl Food Institute
NY-Jacobi Med. Ctr.-Parasitic and Trop. Disease Lab
TTO-The Caribbean Public Health Agency (CARPHA)

TX-Houston Health Department Laboratory
FDA-Northeast Regional Laboratory, U.S. FDA
IA-Natl Ctrs. for Animal Hlth, Nat. Vet Svcs. Lab
HTI-Laboratoire National de Sante Publique
FDA-Natl Center for Toxicological Research
FRA-Institut Pasteur, Enteric Bacterial Pathogens Unit
CAP-College of American Pathologists
WHO/NICD, External Quality Assessment Reference Unit
USDA ARS WRRC, Produce Safety and MicroBio Research
CDPH-Vector-Borne Disease Section
TX DSHS, Zoonosis Control Branch
CDPH-Vector-Borne Disease Section - Ontario
AR Dept. of Health-PHL, Zoonotic Disease Section
USDA/FSIS/OPHS/EL/MCB
ETH-Public Health Institute/Virology Research Team
CAN-PH Agency of Canada, National Microbiology Lab
VI-US Virgin Islands Department of Health
CO-United States Olympic Committee
PER-NAMRU-6
CA-Los Angeles County Public Health Laboratory
FDA-Arkansas Regional Laboratory-Denver Analyst
TX Brooke Army Medical Center
CAN-Cadham Provincial Lab
OH-Wright-Patterson AFB
COL-Instituto Nacional de Salud
CA-Veterans Affairs Palo Alto Healthcare System
CAN-Public Health Agency of Canada, Zoonotic and Special Pathogens Division
NGA-Nigeria Centre For Disease Control
CSTOR Public Health Lab
DC - Peace Corps Headquarters
OH - Wright Patterson AFB HIV CLIA Activity
University of Minnesota
PR- Biological and Chemical Emergencies Laboratory Office of Public Health Preparedness and Response
GU - Guam Public Health Laboratory
MP - Commonwealth Health Center
FDA-Occupational Health Services
WA Madigan Army Medical Center
JAM - National Public Health Laboratory
NIH - Occupational Medical Services Clinic

ADDRESS 1	Address 2	CITY
101 north Chestnut	P.O. Box 570	Jefferson Ci
2220 Old Penitentiary Road		Boise
1400 Broadway	Cogswell Building	Helena
4615 West Lakeview Road		Stillwater
630 Hart Lane		Nashville
570 East Woodrow Wilson	Thompson Building	Jackson
1101 Camino de Salud NE		Albuquerque
4312 District Drive	PO Box 28047	Raleigh
825 N. Rutledge St.	NULL	Springfield
4431 South 2700 West		Taylorsville
2490 Crosspark Road		Coralville
250 N. 17th Ave		Phoenix
8995 East Main Street	Building 22	Reynoldsbu
8100 Lowry Blvd.		Denver
30 Sunnyside Road		Smyrna
8231 Parklane Rd	NULL	Columbia
208 S. College Dr.		Cheyenne
1217 Pearl Street		Jacksonville
600 North 5th Street	NULL	Richmond
3350 N. Martin Luther King Jr. BLVD		Lansing
2725 Waimano Home Road	NULL	Pearl City
550 West 16th Street	Suite B	Indianapoli
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
Axelrod Institute	120 New Scotland Avenue	Albany
6810 SE Dwight Street	NULL	Topeka
100 Sower Blvd	Suite 204	Frankfort
601 Robert St. N.		St. Paul
201 S. Monroe		Little Rock
201 S. Monroe		Little Rock
201 S. Monroe		Little Rock
201 S. Monroe		Little Rock
201 S. Monroe		Little Rock
201 S. Monroe		Little Rock
615 East Fourth Street	NULL	Pierre
29 Hazen Drive		Concord
3 Schwarzkopf Drive		Ewing
Public Health Laboratory	455 First Avenue	New York

305 South Street	NULL	Jamaica Pla
221 State Street	House Station 12	Augusta
5455 Dr. Martin Luther King Jr Avenue		Anchorage
850 Marina Bay Parkway	Rm. E-361	Richmond
Periferal St. Bldg. A, 2nd Fl.	Call Box 70184	San Juan
50 Orms Street	NULL	Providence
P. O. Box 1000	204 Legends Court	Prattville
401 E Street SW	4th Floor	Washington
850 Marina Bay Parkway	MS E-164	Richmond
2635 East Main Ave	PO Box 5520	Bismarck
395 West Street	PO Box 1689	Rocky Hill
1209 Leesville Avenue	NULL	Baton Rouge
359 South Park Drive	NULL	Colchester
University of Nebraska Medical Center	985900 Nebraska Medical Center	Omaha
2601 Agriculture Drive		Madison
1770 Ashland Avenue	NULL	Baltimore
167 11th Avenue		South Char
1749 Clairmont Road	NULL	Decatur
PO Box 275		Portland
7202 NE Evergreen Parkway	Suite 100	Hillsboro
1100 W. 49th Street	P.O. Box 149347	Austin
110 Pickering Way	P.O. Box 500	Exton
1660 N. Virginia St.	MS0385	Reno
1610 NE 150th Street		Shoreline
3602 Spectrum Blvd		Tampa
700 Martin Luther King Jr. Blvd.		Las Vegas
600 Shadow Lane	Suite 206	Las Vegas
1600 Clifton Rd	Building 16, Room 1105, Mailstop A-29	Atlanta
2401 E. St. NW (SA-1)	Rm L219	Washington
9000 Rockville Pike, Bldg. 10, Room 2C306	Bldg. 10, Room 2C306	Bethesda
200 Elizabeth St.	13NU rm. 1350	Toronto
Zoonotic Diseases & Emerging Pathogens	655 West 12th Avenue	Vancouver
1001 Decarie Blvd.	RM EM3-3244	Montreal
2220 Moorpark Avenue	2nd floor	San Jose
Level 3, ICPMR, Institute Road, Westmead		Westmead
2141 K St NW	Suite 408	Washington
3333 Burnet Ave.	3333 Burnet Ave.	Cincinnati
800 Washington Street		Boston
1325 NW 14th Avenue		Miami
2121 West Taylor	2nd floor	Chicago
1155 S. Oakland Ave	PO Box 2797	Carbondale
(Room 4029) 655 West 12th Avenue		Vancouver
Kemitorvet	Bldg. 204ST	DK-2800 L
1400 Pelham Parkway	Bldg. # 1, 5 floor, Rm 5NW-9	South Bron
16-18 Jamaica Blvd	NULL	St. Clair

2250 Holcombe Blvd	NULL	Houston
158-15 Liberty Avenue		Jamaica
Diagnostic Bacteriology Laboratory	1920 Dayton Ave	Ames
Delmas 33 et Rue Charbonnier No 2	NULL	Port au Pri
3900 NCTR Road		Jefferson
28 Rue du Docteur Roux	cedex 15	Paris
PT Survey Program	325 Waukegan Road	Northfield
Private Bag X4	NULL	Sandringha
800 Buchanan Street	NULL	Albany
850 Marina Bay Parkway	MS E-164	Richmond
1100 W. 49th Street	MC-1956	Austin
2151 Convention Center Way	Suite 218B	Ontario
201 S. Monroe	NULL	Little Rock
950 College Station Rd	NULL	Athens
Arbegnoch Street	P.O.Box 1242	Addis Abab
1015 Arlington St. H1590	NULL	Winnipeg
3500 Estate Richmond	NULL	Christianst
1 Olympic Plaza	NULL	Colorado S
Venezuela Avenue, Bellavista Callao	NULL	Callao
12750 Erickson Ave	NULL	Downey
Denver Federal Center, Building 20	NULL	Denver
3951 Roger Brooke Dr.	NULL	San Antoni
P.O.BOX 8450	750 William Ave.	Winnipeg
USAFSAM/PHE Epi Lab Service, Bldg. 2084	2510 Fifth Street	Dayton
Avenida calle 26 #51-20 Zona 6 CAN	NULL	Bogotá
3801 Miranda Ave	Bldg MB4 Room 416	Palo Alto
1015 Arlington St. H1590	NULL	Winnipeg
Plot 801, Ebitu Ukiwe Street, Jabi	NULL	Abuja
2220 Old Penitentiary Road	NULL	Boise
1275 First Street NE	NULL	Washington
USAFSAM/PHE Epi Lab Service	2510 Fifth St. Bldg. 20840	Dayton
420 Delaware Street SE	1260 Mayo Building	Minneapolis
1334 Calle Canada	Bosque San Patricio	San Juan
761 S. Marine Corps Drive	RanCare Bldg.,3rd floor, West Wing	Tamuning
1 Lower Navy Hill Road	P.O. Box 500409	Saipan
10903 New Hampshire Ave	NULL	Silver Sprin
9040 Jackson Avenue	Department of Pathology	Tacoma
21 Slipe Pen Road	NULL	Kingston
10 Center Drive	Clinical Center Bldg.10, Rm.6C306	Bethesda

STATE	ZIP	COUNTRY	EMAIL	CONTACTID
Missouri	65101	United States	labweb1@health.mo.gov	8469
Idaho	83712-8299	United States	statelab@dhw.idaho.gov	8470
Montana	59601	United States	mtphl@mt.gov	129740
Oklahoma	74075	United States	PHLCDCReports@health.ok.gov	242357
Tennessee	37216	United States	DASH.CDC@tn.gov	241922
Mississippi	39216	United States	CDCreports@msdh.state.ms.us	8478
New Mexico	87102	United States	SLD.BSB@state.nm.us	8480
North Carolina	27611-8047	United States	SLPH.CDCREPORTS@dhhs.nc.gov	8482
Illinois	62702	United States	DPH.Lab.Springfield@illinois.gov	242686
Utah	84129	United States	uphl@utah.gov	8485
Iowa	52241	United States	SHL-ReferenceTest@uiowa.edu	8487
Arizona	85007	United States	CDC-ASPHL.Lab.Reports@azdhs.gov	8489
Ohio	43068	United States	ODHLABS@odh.ohio.gov	8490
Colorado	80230	United States	CDPHE.LSD_CDCReports@state.co.us	8492
Delaware	19977	United States	DHSS_DPHL_CDC_Reports@delaware.g	8493
South Carolina	29223	United States	SC_LAB_RESULTS@dhec.sc.gov	8494
Wyoming	82002	United States	wphl@wyo.gov	8496
Florida	32202	United States	DLBPHL_CDCReports@flhealth.gov	8498
Virginia	23219	United States	CDCLabReports@dgs.virginia.gov	8500
Michigan	48906	United States	CDCReports@michigan.gov	8502
Hawaii	96782	United States	Cdc.results@doh.hawaii.gov	8504
Indiana	46202	United States	CDCLabReports@isdh.IN.gov	8506
New York	12208	United States	wcid@health.ny.gov	8508
New York	12208	United States	bactilab@health.ny.gov	8509
New York	12208	United States	virology@health.ny.gov	8511
New York	12208	United States	dilab@health.ny.gov	8513
New York	12208	United States	tblab@health.ny.gov	8515
New York	12208	United States	btrlab@health.ny.gov	8517
New York	12208	United States	wcfpd@health.ny.gov	8519
New York	12208	United States	mycology@health.ny.gov	8521
New York	12208	United States	bbv@health.ny.gov	8523
Kansas	66620	United States	Khelinfo@kdheks.gov	8525
Kentucky	40601	United States	chfs.dls@ky.gov	8527
Minnesota	55164-0899	United States	Health.idlabreports@state.mn.us	8529
Arkansas	72205	United States	ADH.lab@arkansas.gov	8530
Arkansas	72205	United States	Linda.Henson@arkansas.gov	8531
Arkansas	72205	United States	Jennifer.shray@arkansas.gov	8533
Arkansas	72205	United States	jane.voyles@arkansas.gov	8535
Arkansas	72205	United States	hui.deng@arkansas.gov	8537
Arkansas	72205	United States	jeffery.moran@arkansas.gov	8539
South Dakota	57501	United States	SDPHL@state.sd.us	8541
New Hampshire	03301-6504	United States	PHL_LIMS_GROUP@dhhs.nh.gov	8542
New Jersey	08628	United States	NJPHEL.reports@doh.nj.gov	8544
New York	10016	United States	PHLCDCLabReports@health.nyc.gov	241362

Massachusetts	02130 United States	cdc.ereports.dph@state.ma.us	8547
Maine	04333 United States	Daniel.Jones@maine.gov	241425
Alaska	99507 United States	jayne.Parker@alaska.gov	8550
California	94804 United States	VRDL.Mail@cdph.ca.gov	241186
Puerto Rico	00936 United States	rlgonzalez@salud.gov.pr	8552
Rhode Island	02904 United States	DOH.RILabreports@health.ri.gov	242487
Alabama	36067-9901 United States	clab@adph.state.al.us	8556
District of Columbi:	20024 United States	DFS.CDCReports@dc.gov	241814
California	94804 United States	CDPHMDLDCDCReports@cdph.ca.gov	241189
North Dakota	58506 United States	laboratory@nd.gov	8559
Connecticut	06067 United States	KatherineAKelleyPHL@ct.gov	63648
Louisiana	70802 United States	oph.publichealthlab@la.gov	8563
Vermont	05446 United States	AHS.VDHLabCDCMailbox@vermont.gov	8564
Nebraska	68198-5900 United States	nphl.pfge@unmc.edu	8566
Wisconsin	53718 United States	HMCustomerServiceStaff@mail.slh.wisc	8568
Maryland	21205 United States	maryland.cdc@maryland.gov	8569
West Virginia	25303 United States	DHHROLS@wv.gov	40976
Georgia	30033-4050 United States	Tonia.parrott@dph.ga.gov	242992
Oregon	97207-0275 United States	CDCreports.Virology@dhsosha.state.or.u	155971
Oregon	97124 United States	CDCreports.Micro@dhsosha.state.or.us	155970
Texas	78714-9347 United States	Lab.Microbiology@dshs.texas.gov	8577
Pennsylvania	19341-1310 United States	ra-dhpareports@pa.gov	8578
Nevada	89503 United States	NSPHLFLU@medicine.nevada.edu	8580
Washington	98155-9701 United States	PHL.Microbiology@DOH.WA.GOV	8582
Florida	33612 United States	BPHL29FL@flhealth.gov	8742
Nevada	89106 United States	SNPHL@snhd.org	241244
Nevada	89106 United States	rowley@snhdmail.org	8766
Georgia	30329 United States	DutyNurse@cdc.gov	8768
District of Columbi:	20522 United States	medlabresults@state.gov	8828
Maryland	20892 United States	CC-DLMMICRODCEREPOR@mail.NIH.	8830
NULL	M5G 2C4 Canada	andrea.boggild@uhn.ca	8832
NULL	V5Z 4R4 Canada	_BCCDC_Nvserol@phsa.ca	8834
NULL	H4A 3J1 Canada	momar.ndao@mcgill.ca	8884
California	95128 United States	phlab@phd.sccgov.org	8956
NULL	2145 Australia	rogan.lee@health.nsw.gov.au	8958
District of Columbi:	20037 United States	tmsdc@verizon.net	8960
Ohio	45229 United States	Deborah.Malott@cchmc.org	9050
Massachusetts	02111 United States	wedwards@tuftsmedicalcenter.org	9052
Florida	33125 United States	BPHL13FL@flhealth.gov	9087
Illinois	60612 United States	DPH.Lab.Chicago@illinois.gov	242692
Illinois	62902-2797 United States	DPH.Lab.Carbondale@illinois.gov	242694
NULL	V5Z 4R4 Canada	_BCCDC_Para@phsa.ca	9185
NULL	Denmark	fmaa@food.dtu.dk	9216
New York	10461 United States	Carmen.heredia@nychhc.org	9275
NULL	NULL Trinidad and T	escobaga@carpha.org	9390

Texas	77030 United States	larry.seigler@houstontx.gov	9501
New York	11433-1034 United States	michael.palmieri@fda.hhs.gov	9502
Iowa	50010 United States	suelee.robbe-austerman@usda.gov	242977
NULL	NULL Haiti	jboncy2001@yahoo.fr	10049
Arkansas	72079 United States	ashraf.khan@fda.hhs.gov	10383
NULL	75724 France	bpe@pasteur.fr	10524
Illinois	60093 United States	dul7@cdc.gov	300010704
NULL	2131 South Africa	nicdwhoqa@nicd.ac.za	42163
California	94710 United States	michael.cooley@ars.usda.gov	42167
California	94804 United States	VBDS@CDPH.CA.GOV	42173
Texas	78756 United States	feedback.IDCU@dshs.texas.gov	42177
California	91764 United States	marco.metzger@cdph.ca.gov	42187
Arkansas	72205 United States	adh.zoonotic@arkansas.gov	46426
Georgia	30605 United States	outbreakspfge@fsis.usda.gov	53611
NULL	NULL Ethiopia	Berhane12@yahoo.com	60916
Manitoba	R3E 3R2 Canada	NML.Enterics@phac-aspc.gc.ca	75796
Virgin Islands of the	00820 United States	esther.ellis@doh.vi.gov	120036
Colorado	80909 United States	bill.moreau@usoc.org	145553
NULL	051 Peru	guillermo.pimentel.mil@mail.mil	156981
California	90242 United States	nicgreen@ph.lacounty.gov	196009
Colorado	80225 United States	michael.wichman@fda.hhs.gov	196011
Texas	78234 United States	edward.p.ager.mil@mail.mil	200453
Manitoba	R3C 3Y1 Canada	kamran.kadkhoda@gov.mb.ca	200455
Ohio	45433-7913 United States	elizabeth.macias@us.af.mil	200463
	111321 Colombia	cduarte@ins.gov.co	201964
California	94304 United States	mark.holodniy@va.gov	300042372
Manitoba	R3E 3R2 Canada	Kristina.dimitrova@canada.ca	203968
	NULL Nigeria	info@ncdc.gov.ng	205916
Idaho	83712-8299 United States	yqk1@cdc.gov	209187
District of Columbia	20526 United States	pranade@peacecorps.gov	241507
Ohio	45433-7951 United States	jennifer.voehringer.ctr@us.af.mil	300000799
Minnesota	55454-1075 United States	CDCReportsPR@umn.edu	300000976
Puerto Rico	00920 United States	jfalcon@salud.pr.gov	300010706
Guam	96913 United States	annemarie.santos@dphss.guam.gov	240098
Northern Mariana I	96950 United States	lab@chcc.health	240100
Maryland	20993 United States	OHS-WO@fda.hhs.gov	241589
Washington	98406 United States	matthew.l.brown99.mil@mail.mil	242425
	NULL Jamaica	hamiltonm@moh.gov.jm	242925
Maryland	20892 United States	omslabresults@mail.nih.gov	243090

Contact Type	FULLNAME	PHONE #	FAX
Designee	Dr Laura Naught PhD	1-573-751-3334	1-573-526-2754
Designee	Dr Christopher L. Ball PhD	1-208-334-2235	1-208-334-4067
Designee	Ms Debbie Gibson MT(ASCP), MPH	1-406-444-3444	1-406-444-1802
Designee	Dr Tamar Baruch-Finkel MD	1-405-564-7750	1-405-900-7611
Designee	Dr Kara Levinson PhD, MPH, D(AB	1-615-262-6300	1-615-262-6393
Designee	Dr Daphne Ware PhD	1-601-576-7582	1-601-576-7037
Designee	Dr Michael Edwards PhD	1-505-383-9001	1-505-383-9011
Designee	Dr Scott M Shone Ph.D, HCL(ABB)	1-919-733-7834	1-919-733-8695
Designee	Dr Muhammad Amjad PhD	1-312-793-7213	1-217-524-7924
Designee	Dr Alessandro Rossi PhD	1-801-965-2400	1-801-536-0473
Designee	Dr Wade Aldous PhD.	1-319-335-4500	1-319-335-4555
Designee	Dr Victor G Waddell PhD	1-602-542-1188	1-602-542-0760
Designee	Dr Tammy Bannerman PhD	1-614-644-4596	1-614-387-1505
Designee	Dr Emily Travanty PhD	1-303-692-3090	1-303-691-4911
Designee	Mr Sergio Huerta	1-302-223-1520	1-302-653-2877
Designee	Dr Nicolas Epie Ph.D,HCLD,TS(ABB)	1-803-896-0800	1-803-896-0657
Designee	Dr Cari Sloma PhD	1-307-777-7431	1-307-777-6422
Designee	Ms Susanne Crowe	1-904-791-1550	1-904-791-1567
Designee	Dr Denise L Toney PhD	1-804-648-4480	1-804-225-4070
Designee	Dr Sandip H. Shah Ph.D., HCLD(ABB)	1-517-335-8373	1-517-335-9871
Designee	Dr Edward P Desmond Ph.D, D(AB	1-808-453-6652	1-808-453-6662
Designee	Dr Lixia Liu PhD	1-317-921-5832	1-317-927-7801
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Dr Kimberlee A Musser PhD	1-518-474-4177	1-518-486-7971
Designee	Mr N. Myron Gunsalus M.S	1-785-296-0801	1-785-296-1641
Designee	Dr Vaneet Arora MD/MPH	1-502-564-4446	1-502-564-7019
Designee	Dr Sara Vetter PhD	1-651-201-5200	1-651-201-5070
Designee	Dr Katie Seely PhD	1-501-661-2490	1-501-280-4050
Designee	Dr Katie Seely PhD	1-501-661-2490	1-501-280-4050
Designee	Dr Katie Seely PhD	1-501-661-2538	1-501-661-2863
Designee	Dr Katie Seely PhD	1-501-661-2448	1-501-671-1811
Designee	Dr Katie Seely PhD	1-501-661-2490	1-501-661-2270
Designee	Dr Katie Seely PhD	1-501-940-3208	1-501-661-2972
Designee	Dr Tim Southern	1-605-773-3368	1-605-773-8201
Designee	Dr Christine Bean PhD	1-603-271-4657	1-603-271-4760
Designee	Dr Thomas Kirn MD, PhD	1-609-406-6860	1-609-530-8410
Designee	Dr Scott Hughes PhD	1-212-447-2578	1-212-447-2587

Designee	Dr Sandra Smole PhD.	1-617-983-6200	1-617-983-6211
Designee	Dr Daniel Jones MD	1-207-287-2727	1-207-287-6832
Designee	Jayne Parker PhD	1-907-334-2109	1-907-334-2161
Designee	Dr Debra Wadford PhD	1-510-307-8585	1-510-307-8599
Designee	Lcdo Rafael L Gonzalez Pena BS, M1	1-787-765-2929	1-787-274-7708
Designee	Dr Glen Gallagher Ph.D.	1-401-222-5600	1-401-222-4572
Designee	Dr Sharon P. Massingale PhD	1-334-260-3400	1-334-285-6642
Designee	Dr Jocelyn R Hauser PhD	1-202-727-6929	1-202-724-3927
Designee	Dr Zenda Berrada PhD	1-510-412-3700	1-510-412-3706
Designee	Dr Christie Massen PhD	1-701-328-6288	1-701-328-6280
Designee	Dr Jafar L Razeq PhD	1-860-920-6500	1-860-920-6718
Designee	Dr Beverly Ogden MD	1-225-219-5235	1-225-219-4903
Designee	Ms Helen Reid MPH	1-802-338-4740	1-802-338-4706
Designee	Dr Peter Iwen PhD	1-402-559-9444	1-402-559-7838
Designee	Dr James D Schauer PhD	1-800-862-1013	1-844-390-6233
Designee	Dr Robert A. Myers PhD	1-443-681-3800	1-443-681-4501
Designee	Ms Christi D Clark MPH, M(ASCP)C	1-304-558-3530	1-304-558-2006
Designee	Dr Tonia Parrott Ph.D., HCLD	1-404-327-7900	1-404-327-7919
Designee	Dr Jon Fontana	1-503-693-4100	1-503-693-5604
Designee	Dr John Fontana	1-503-693-4100	1-503-693-5604
Designee	Dr Grace Kubin Ph.D.	1-512-776-7318	1-512-776-7294
Designee	Dr Dongxiang Xia MD	1-610-280-3464	1-610-450-1932
Designee	Dr Mark W Pandori PhD, HCLD(ABB1	1-775-682-6205	1-775-327-2155
Designee	Dr Romesh Gautom PhD	1-206-418-5458	1-206-364-0339
Designee	Dr Andrew C Cannons Ph.D., HCLD(1	1-813-974-4002	1-813-233-2379
Designee	Dr Horng-Yuan Kan PhD, HCLD(ABB1	1-702-759-1020	1-702-759-1444
Designee	Dr John Middaugh PhD	1-702-759-1300	1-702-759-1470
Designee	Dr Leah Gilbert MD	1-404-639-3385	1-404-639-3166
Designee	Ms Carolyn Mermon MA,MLS(ASCF1	1-202-663-1735	1-202-663-1736
Designee	Dr Karen Frank M.D., Ph.D., D(ABM1	1-301-402-0317	1-301-402-1886
Designee	Dr Andrea Boggild MD	1-416-340-3675	1-416-340-3260
Designee	Dr Muhammad Morshed PhD	1-604-707-2628	1-604-707-2602
Designee	Dr Ndao Momar DVM, PhD	1-514-934-1934	1-514-934-8347
Designee	Dr Brandon J Bonin DrPH	1-408-885-4272	1-408-885-4275
Designee	Dr Rogan Lee	61-2-98456255	61-2-98938659
Designee	Dr Martin S Wolfe MD.	1-202-466-8109	1-202-331-0290
Designee	Dr Paul Steele	1-513-636-3061	1-513-636-8850
Designee	James Roger	1-617-636-7205	1-617-636-8113
Designee	Dr Stephen White PhD	1-305-324-2432	1-305-325-2560
Designee	Dr Kamalijit Singh M.D., D(ABMM),	1-312-793-4760	1-312-793-0426
Designee	Dr Muhammad Amjad PhD	1-618-457-5131	1-618-457-6995
Designee	Dr Muhammad Morshed PhD	1-604-707-2629	1-604-707-2654
Designee	Dr Frank Aarestrup PhD	45-35-88 62 88	- -
Designee	Dr Stephen Apfelroth MD, PhD.	1-718-918-4455	1-718-918-7908
Designee	Dr Gabriel M Gonzalez-Escobar MD1	1-868-622 4261	1-868-628 9302

Designee	Dr Larry Seigler Ph.D.,DABCC	1-832-393-3956	1-832-393-3992
Designee	Dr Michael Palmieri	1-718-662-5450	1-718-662-5439
Designee	Dr Suelee Robbe-Austerman DVM,	1-515-337-7565	1-515-337-7569
Designee	Dr Jacques Boncy MD	509-3-701 8692	--
Designee	Dr Ashraf Kahn PhD	1-870-543-7601	1-870-543-7307
Designee	Dr Francois-Xavier Weill MD, PhD	33-1-45-68-80-37	33-1-40-61-31-37
Designee	David Lonsway	1-800-323-4040	--
Designee	Dr Olga Perovic	27-0-11 555 0344	27-0-11 555 0430
Designee	Dr Lisa Gorsky PhD	1-510-559-5986	1-510-559-6162
Designee	Dr Kerry Padgett	1-510-412-6252	1-510-412-3706
Designee	Ms Bonny Mayes MA, RYT	1-512-776-6545	1-512-776-7454
Designee	Dr Marco Metzger PhD	1-909-937-3448	1-909-937-3456
Designee	Dr Katie Seely PhD	1-870-405-0707	1-501-280-4431
Designee	Dr Glenn Tillman PhD	1-706-546-2428	1-706-546-3144
Designee	Ms Beyene Berhane BSc,MBA	252-911-214969	251-211-754744
Designee	Dr Celine Nadon PhD	1-202-784-7507	1-202-789-5012
Designee	Dr Brett Ellis PhD	1-340-718-1311	1-340-718-1508
Designee	William J Moreau	719-306-5588	719-866-4093
Designee	Dr Jimena Rivera PhD	051--6144414	051--6144174
Designee	Dr Nicole Green PhD	1-562-658-1488	--
Designee	Dr Michael Wichman PhD	1-303-236-9675	--
Designee	Dr Edward Ager	1-210-916-1817	1-210-916-5696
Designee	Dr Kamran Kadkhoda	1-204-945-7545	1-204-786-4770
Designee	Dr Elizabeth Macias	1-937-938-3175	--
Designee	Carolina Duarte Valderrama	57-1-220 7700	--
Designee	Mark Holodniy MD	1-650-493-5000	--
Designee	Ms Dimitrova Kristina	1-204-789-2106	--
Designee	Dr Chikwe Ihekweazu PhD	234-803-355-9994	--
Designee	Vidya Ramachandra	1-208-334-2235	1-208-334-4067
Designee	Dr Prachi Ranade MD	1-202-692-2082	1-202-692-1501
Designee	Ms. Jennifer Voehringer MT(ASCP)	1-937-938-3227	--
Designee	Dr Claudia Munoz-Zani PhD	1-612-625-3182	1-612-624-3229
Designee	Marangely Olivero	1-787-765-2929	--
Designee	Mrs Anne Marie G Santos BS. MT	1-671-300-9085	1-671-300-9989
Designee	Dr Philip A Dauternan MD	1-670-236-8395	1-670-236-8612
Designee	Dr Sacha Gutierrez MD, MS, FACO	1-301-796-2331	--
Designee	Dr Benjamin Rosen MD	1-253-968-1751	1-253-968-3152
Designee	Hillary Mitchell	1-876-317-8202	--
Designee	Heike Bailin MD	1-301-496-4411	1-301-402-0673

EMAIL2	Send to email 1	Send to email 2
labweb1@health.mo.gov	labweb1@health.mo.gov	NULL
statelab@dhw.idaho.gov	statelab@dhw.idaho.gov	NULL
mtphl@mt.gov	mtphl@mt.gov	HHSPublicHealthLab
PHLCDCReports@health.ok.gov	RubyRong.Ni@health.ok.gov	
DASH.CDC@tn.gov	DASH.CDC@tn.gov	NULL
CDCreports@msdh.state.ms.us	CDCreports@msdh.state.ms.us	NULL
SLD.BSB@state.nm.us	SLD.BSB@state.nm.us	NULL
SLPH.CDCREPORTS@dhhs.nc.gov	SLPH.CDCREPORTS@dhhs.nc.gov	NULL
DPH.Lab.Springfield@illinois.gov	DPH.Lab.Springfield@illinois.gov	NULL
uphl@utah.gov	uphl@utah.gov	NULL
SHL-ReferenceTest@uiowa.edu	SHL-ReferenceTest@uiowa.edu	NULL
CDC-ASPHL.Lab.Reports@azdhs.gov	CDC-ASPHL.Lab.Reports@azdhs.gov	NULL
ODHLABS@odh.ohio.gov	ODHLABS@odh.ohio.gov	NULL
CDPHE.LSD_CDCReports@state.co.us	CDPHE.LSD_CDCReports@state.co.us	NULL
DHSS_DPHL_CDC_Reports@delaware.gov	DHSS_DPHL_CDC_Reports@delaware	Jordan.Perry@delaw
SC_LAB_RESULTS@dhec.sc.gov	SC_LAB_RESULTS@dhec.sc.gov	NULL
wphl@wyo.gov	wphl@wyo.gov	noah.hull@wyo.gov
DLBPHL_CDCReports@flhealth.gov	DLBPHL_CDCReports@flhealth.gov	brittany.rowlette@fl
CDCLabReports@dgs.virginia.gov	CDCLabReports@dgs.virginia.gov	NULL
CDCReports@michigan.gov	CDCReports@michigan.gov	shahs@michigan.gov
Cdc.results@doh.hawaii.gov	Cdc.results@doh.hawaii.gov	edward.desmond@c
CDCLabReports@isdh.IN.gov	CDCLabReports@isdh.IN.gov	lliu@isdh.in.gov
wcid@health.ny.gov	wcid@health.ny.gov	NULL
bactilab@health.ny.gov	wcid@health.ny.gov	NULL
virology@health.ny.gov	wcid@health.ny.gov	NULL
dilab@health.ny.gov	wcid@health.ny.gov	NULL
tblab@health.ny.gov	wcid@health.ny.gov	NULL
btrlab@health.ny.gov	wcid@health.ny.gov	NULL
wcfd@health.ny.gov	wcid@health.ny.gov	NULL
mycology@health.ny.gov	wcid@health.ny.gov	NULL
bbv@health.ny.gov	wcid@health.ny.gov	NULL
Khelinfo@kdheks.gov	Khelinfo@kdheks.gov	epihotline@kdheks.g
chfs.dls@ky.gov	chfs.dls@ky.gov	Matthew.Johnson@l
Health.idlabreports@state.mn.us	Health.idlabreports@state.mn.us	NULL
ADH.lab@arkansas.gov	ADH.lab@arkansas.gov	KATIE.SEELY@ARKAN
Linda.Henson@arkansas.gov	Linda.Henson@arkansas.gov	KATIE.SEELY@ARKAN
Jennifer.shray@arkansas.gov	Jennifer.shray@arkansas.gov	KATIE.SEELY@ARKAN
jane.voyles@arkansas.gov	jane.voyles@arkansas.gov	KATIE.SEELY@ARKAN
hui.deng@arkansas.gov	hui.deng@arkansas.gov	KATIE.SEELY@ARKAN
jeffery.moran@arkansas.gov	jeffery.moran@arkansas.gov	KATIE.SEELY@ARKAN
SDPHL@state.sd.us	SDPHL@state.sd.us	NULL
PHL_LIMS_GROUP@dhhs.nh.gov	PHL_LIMS_GROUP@dhhs.nh.gov	NULL
NJPHEL.reports@doh.nj.gov	NJPHEL.reports@doh.nj.gov	mohamed.ellethy@c
PHLCDCLabReports@health.nyc.gov	PHLCDCLabReports@health.nyc.gov	szykaj@health.nyc.g

cdc.ereports.dph@state.ma.us	cdc.ereports.dph@state.ma.us	tracy.stiles@state.m
Daniel.Jones@maine.gov	lori.webber@maine.gov	heather.grieser@ma
jayme.Parker@alaska.gov	jayme.Parker@alaska.gov	Theresa.savidge@al
VRDL.Mail@cdph.ca.gov	VRDL.Mail@cdph.ca.gov	NULL
rlgonzalez@salud.gov.pr	rlgonzalez@salud.gov.pr	hirivera@salud.pr.gc
DOH.RILabreports@health.ri.gov	glen.gallagher@health.ri.gov	ewa.king@health.ri.
clab@adph.state.al.us	clab@adph.state.al.us	NULL
DFS.CDCReports@dc.gov	DFS.CDCReports@dc.gov	matthew.mccarroll@
CDPHMDLDCDCReports@cdph.ca.gov	CDPHMDLDCDCReports@cdph.ca.gov	NULL
laboratory@nd.gov	laboratory@nd.gov	NULL
KatherineAKelleyPHL@ct.gov	KatherineAKelleyPHL@ct.gov	DPH.LabResults@ct.
oph.publichealthlab@la.gov	Richard.Tulley@LA.GOV	danielle.haydel@la.g
AHS.VDHLabCDCMailbox@vermont.gov	AHS.VDHLabCDCMailbox@vermont.gov	NULL
nphl.pfge@unmc.edu	emily.mccutchen@unmc.edu	nphl.pfge@unmc.ed
HMCustomerServiceStaff@mail.slh.wisc.edu	HMCustomerServiceStaff@mail.slh.wi	NULL
maryland.cdc@maryland.gov	maryland.cdc@maryland.gov	robert.myers-phd@r
DHHROLS@wv.gov	christi.d.clark@wv.gov	lindsay.r.barr@wv.g
Tonia.parrott@dph.ga.gov	Tonia.parrott@dph.ga.gov	NULL
CDCreports.Virology@dhsosha.state.or.us	CDCreports.Virology@dhsosha.state.or	NULL
CDCreports.Micro@dhsosha.state.or.us	CDCreports.Micro@dhsosha.state.or.u	NULL
Lab.Microbiology@dshs.texas.gov	Lab.Microbiology@dshs.texas.gov	NULL
ra-dhpareports@pa.gov	ra-dhpareports@pa.gov	NULL
NSPHLFLU@medicine.nevada.edu	svanhooser@medicine.nevada.edu	smorzunov@medicir
PHL.Microbiology@DOH.WA.GOV	PHL.Microbiology@DOH.WA.GOV	NULL
BPHL29FL@flhealth.gov	BPHL29FL@flhealth.gov	NULL
SNPHL@snhd.org	SNPHL@snhd.org	NULL
rowley@snhdmail.org	NULL	NULL
DutyNurse@cdc.gov	DutyNurse@cdc.gov	NULL
medlabresults@state.gov	medlabresults@state.gov	wattswl@state.gov
CC-DLMMICROCD CEREPOR T@mail.NIH.gov	CC-DLMMICROCD CEREPOR T@mail.NIH	karen.frank@NIH.go
andrea.boggild@uhn.ca	NULL	NULL
_BCCDC_Nvserol@phsa.ca	_BCCDC_Nvserol@phsa.ca	Navdeep.chahil@bcc
momar.ndao@mcgill.ca	NULL	NULL
phlab@phd.sccgov.org	brandon.bonin@phd.sccgov.org	laura.galli@phd.sccg
rogan.lee@health.nsw.gov.au	rogan.lee@health.nsw.gov.au	NULL
tmsdc@verizon.net	NULL	NULL
Deborah.Malott@cchmc.org	Deborah.Malott@cchmc.org	NULL
wedwards@tuftsmedicalcenter.org	NULL	NULL
BPHL13FL@flhealth.gov	BPHL13FL@flhealth.gov	elesi.quaye@flhealth
DPH.Lab.Chicago@illinois.gov	DPH.Lab.Chicago@illinois.gov	Judy.Kauerauf@Illinc
DPH.Lab.Carbondale@illinois.gov	DPH.Lab.Carbondale@illinois.gov	NULL
_BCCDC_Para@phsa.ca	_BCCDC_Para@phsa.ca	quantine.wong@bcc
fmaa@food.dtu.dk	NULL	NULL
Carmen.heredia@nychhc.org	NULL	NULL
escobaga@carpha.org	escobaga@carpha.org	nathansu@carpha.oi

larry.seigler@houstontx.gov	NULL	meilan.bielby@hous
michael.palmieri@fda.hhs.gov	michael.palmieri@fda.hhs.gov	NULL
suelee.robbe-austerman@usda.gov	NULL	NULL
jboncy2001@yahoo.fr	jboncy2001@yahoo.fr	mousson18@yahoo.
ashraf.khan@fda.hhs.gov	ashraf.khan@fda.hhs.gov	
bpe@pasteur.fr	fxweill@pasteur.fr	
dul7@cdc.gov	NULL	NULL
nicdwhoqa@nicd.ac.za	nicdwhoqa@nicd.ac.za	crystalv@nicd.ac.za
michael.cooley@ars.usda.gov	michael.cooley@ars.usda.gov	lisa.gorski@ars.usda
VBDS@CDPH.CA.GOV	CDPHMDLDCDCReports@cdph.ca.gov	NULL
feedback.IDCU@dshs.texas.gov	bonny.mayes@dshs.texas.gov	Kathy.Parker@dshs.t
marco.metzger@cdph.ca.gov	marco.metzger@cdph.ca.gov	renjie.hu@cdph.ca.g
adh.zoonotic@arkansas.gov	adh.zoonotic@arkansas.gov	KATIE.SEELY@ARKAN
outbreakspfge@fsis.usda.gov	outbreakspfge@fsis.usda.gov	NULL
Berhane12@yahoo.com	Berhane12@yahoo.com	lkb8@cdc.gov
NML.Enterics@phac-aspc.gc.ca	NML.Enterics@phac-aspc.gc.ca	Kristina.dimitrova@
esther.ellis@doh.vi.gov	brett.ellis@doh.vi.gov	Esther.ellis@doh.vi.
bill.moreau@usoc.org	bill.moreau@usoc.org	Brett.guimard@usoc
guillermo.pimentel.mil@mail.mil	NULL	NULL
nicgreen@ph.lacounty.gov	nicgreen@ph.lacounty.gov	phemarajata@ph.lac
michael.wichman@fda.hhs.gov	shauna.madson@fda.hhs.gov	NULL
edward.p.ager.mil@mail.mil	edward.p.ager.mil@mail.mil	NULL
kamran.kadkhoda@gov.mb.ca	kamran.kadkhoda@gov.mb.ca	NULL
elizabeth.macias@us.af.mil	elizabeth.macias@us.af.mil	NULL
cduarte@ins.gov.co	NULL	NULL
mark.holodniy@va.gov	mark.holodniy@va.gov	NULL
Kristina.dimitrova@canada.ca	Kristina.dimitrova@canada.ca	NULL
info@ncdc.gov.ng	oyeladun.okunromade@ncdc.gov.ng	NULL
yqk1@cdc.gov	yqk1@cdc.gov	ock8@cdc.gov
pranade@peacecorps.gov	pranade@peacecorps.gov	lstonehill@peacecor
jennifer.voehringer.ctr@us.af.mil	jennifer.voehringer.ctr@us.af.mil	NULL
CDCReportsPR@umn.edu	CDCReportsPR@umn.edu	munozzan@umn.edu
jfalcon@salud.pr.gov	jfalcon@salud.pr.gov	molivero@salud.gov
annemarie.santos@dphss.guam.gov	annemarie.santos@dphss.guam.gov	alan.mallari@dphss.
lab@chcc.health	lab@chcc.health	jesse.tudela@dph.g
OHS-WO@fda.hhs.gov	sacha.gutierrez@fda.hhs.gov	OHS-WO@fda.hhs.g
matthew.l.brown99.mil@mail.mil	tomas.m.ferguson.mil@mail.mil	richard.p.eide.mil@z
hamiltonm@moh.gov.jm	NULL	NULL
omslabresults@mail.nih.gov	oms@mail.nih.gov	Heike.bailin@nih.go

Send to email 3

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

Ria.Allman@delaware.gov

NULL

danielle.stafford@wyo.gov

triston.taylor@flhealth.gov

NULL

NULL

remedios.gose@doh.hawaii.gov

mglazier@isdh.IN.gov

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

ereyes4@health.nyc.gov

cdcereports@massmail.state.ma.us

Nicholas.Matluk@maine.gov

Nisha.fowler@alaska.gov

NULL

ricuevas@salud.pr.gov

cindy.vanner@health.ri.gov

NULL

ZikaLab@dc.gov

NULL

NULL

NULL

oph.publichealthlab@la.gov

NULL

NULL

NULL

NULL

lisa.m.wallace@wv.gov

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

Jonathan.Laley@bccdc.ca

NULL

NULL

NULL

NULL

NULL

NULL

mary.cook@flhealth.gov

Connie.Austin@Illinois.gov

NULL

Martin.Cheung@bccdc.ca

NULL

NULL

peterske@carpha.org

larry.seigler@houstontx.gov

NULL

NULL

NULL

NULL

NULL

NULL

NULL

Danielle.Bucklin@dshs.texas.gov

NULL

NULL

NULL

daddi_jima@yahoo.com

NULL

joy.joseph@doh.vi.gov

duf8@cdc.gov

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

NULL

lea.nisay@dphss.guam.gov

NULL

dornette.spellesane@fda.hhs.gov

gavriella.simantov.mil@mail.mil

NULL

Julie.banjo@nih.gov

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
-------------------------	----------	------------