

**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. This collection of information 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 State or local health departments under conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers and other persons under circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the courts in litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that are made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no information will be made available without the subject individual's written consent.

Please refer to the CDC Infectious Diseases Laboratories Test Directory for information on specimen requirements. CDC may require that you meet certain 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 Reduction Project (0920-1309), Washington, DC 20503. 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 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 Biologic). The file can contain specimens in each "Origin" tab if you are accessioning multiple origins, and it can contain specimens in each "Origin" tab if you are accessioning multiple origins, and it can contain specimens in each "Origin" tab if you are accessioning multiple origins.
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 following information is required for each specimen:
  - Package ID - Blank, if not specified
  - CSID - Auto-populated, if not specified
  - CUID - Auto-populated, if not specified
  - Origin - Valid values are: "Human," "Animal," "Food," "Environmental," "Medical Device," or "Biologic." Origin is required.
  - Test order name - Blank, if not specified
3. Picklists are used for many of the cells within each template (Excel worksheet). These lists contain the same values in the current GFAT.
4. After the User enters all of the specimen data into the "File Accessioning" template (.xlsx), the Excel worksheet is saved and the import file can have specimen data in each of the worksheet tabs (Human, Animal, and FEMB).

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

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

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

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

- Go to the "FastLookup" tab within the spreadsheet.
- Locate the desired picklist name for customization. The field title will show the correct name.
- Select the desired picklist values from the drop-down menu for the specific field. Do not leave any blank columns blank.
- 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 storage locations to 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 identify the event, copy that field as well.
- Go to the "FastLookup" tab in the GFAT file and paste these values in the "Event ID"/"Event Name" fields.
- To assign an event to the GFAT file, go to the appropriate row and select the event name. This will filter the record to the selected event.

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

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 file. 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 Subsamples.
- 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 email will be sent to the user specified in the "When import completes send email to" field.
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 batch.
9. Go to the "Sample Login" screen. Specimens imported through File Accessioning will appear in the Specimen List.

### **References:**

[Submitting Specimens to the CDC - CDC Specimen Submission Form \(Form 50.34\)](#)

[ELIMS v10 Training Scripts](#)

Package ID	CSID	CUID	Origin (This field is required)
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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**

<b>Patient name, First</b>	<b>Patient name, Middle Initial</b>	<b>Patient name, Suffix</b>	<b>Patient Birthdate</b>	<b>Patient Age</b>
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Age units	Patient Sex	Pregnant	<input type="checkbox"/> Short List Clinical Diagnosis	Date of onset	Fatal	Date of Death
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<b>White</b>	<b>Black or African American</b>	<b>Asian</b>	<b>American Indian and Alaska Native</b>	<b>Native Hawaiian and Other Pacific Islander</b>	<b>Specimen collected date</b>
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Specimen collected time	<input type="checkbox"/> Short List Material submitted	<input type="checkbox"/> Short List Specimen source (Type) <b>(Required for Specimens Only)</b>	<input type="checkbox"/> Short List Specimen source modifier
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<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List
Specimen source site	Specimen source site modifier	Collection method	Treatment of specimen

Short List

Transport medium/Specimen preservative

Specimen handling

SPHL Submitter ID

<b>SPHL Submitter Institution Name</b>	<b>SPHL Contact ID</b>	<b>SPHL Submitter Point of Contact Name, Prefix</b>

<b>SPHL Submitter Point of Contact Name, Last</b>	<b>SPHL Submitter Point of Contact Name, First</b>	<b>SPHL Submitter Point of Contact Name, Middle Initial</b>	<b>SPHL Submitter Point of Contact Name, Suffix</b>
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<b>SPHL Submitter Point of Contact Name, Degree</b>	<b>SPHL Submitter Point of Contact Phone, Country Code</b>	<b>SPHL Submitter Point of Contact Phone, Area Code</b>	<b>SPHL Submitter Point of Contact Phone, Local Number</b>
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<b>SPHL Submitter Point of Contact Phone, Extension</b>	<b>SPHL Submitter Point of Contact Email</b>	<b>SPHL Submitter Patient ID</b>	<b>SPHL Submitter Alternative Patient ID</b>	<b>SPHL Submitter Specimen ID</b>
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<b>SPHL Submitter Alternative Specimen ID</b>	<input type="checkbox"/> <b>Private List</b>  <b>Original Submitter ID</b>	<b>Original Submitter Lab Director or Designee Name, Prefix</b>	<b>Original Submitter Lab Director or Designee Name, Last</b>	<b>Original Submitter Lab Director or Designee Name, First</b>
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<b>Original Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Original Submitter Lab Director or Designee Name, Suffix</b>	<b>Original Submitter Lab Director or Designee Name, Degree</b>	<b>Original Submitter Institution Name</b>	<b>Original Submitter Address, Street Address Line 1</b>
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<b>Original Submitter Address, Street Address Line 2</b>	<b>Original Submitter Address, City</b>	<b>Original Submitter Address, Zip/Postal Code</b>	<b>Original Submitter Address, State</b>	<b>Original Submitter Address, Country</b>
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<b>Original Submitter Fax, Country Code</b>	<b>Original Submitter Fax, Area Code</b>	<b>Original Submitter Fax, Local Number</b>	<b>Original Submitter Email</b>
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<b>Original Submitter Contact ID</b>	<b>Original Submitter Point of Contact Name, Prefix</b>	<b>Original Submitter Point of Contact Name, Last</b>	<b>Original Submitter Point of Contact Name, First</b>
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<b>Original Submitter Point of Contact Phone, Area Code</b>	<b>Original Submitter Point of Contact Phone, Local Number</b>	<b>Original Submitter Point of Contact Phone, Extension</b>
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<b>Original Submitter Point of Contact Email</b>	<b>Original Submitter Patient ID</b>	<b>Original Submitter Alternative Patient ID</b>	<b>Original Submitter Specimen ID</b>	<b>Original Submitter Alternative Specimen ID</b>
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<input type="checkbox"/> Private List  Intermediate Submitter ID	Intermediate Submitter Lab Director or Designee Name, Prefix	Intermediate Submitter Lab Director or Designee Name, Last	Intermediate Submitter Lab Director or Designee Name, First
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<b>Intermediate Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Intermediate Submitter Lab Director or Designee Name, Suffix</b>	<b>Intermediate Submitter Lab Director or Designee Name, Degree</b>	<b>Intermediate Submitter Institution Name</b>	<b>Intermediate Submitter Address, Street Address Line 1</b>
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<b>Intermediate Submitter Fax, Country Code</b>	<b>Intermediate Submitter Fax, Area Code</b>	<b>Intermediate Submitter Fax, Local Number</b>	<b>Intermediate Submitter Email</b>
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<b>Intermediate Submitter Contact ID</b>	<b>Intermediate Submitter Point of Contact Name, Prefix</b>	<b>Intermediate Submitter Point of Contact Name, Last</b>	<b>Intermediate Submitter Point of Contact Name, First</b>
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<b>Intermediate Submitter Point of Contact Name, Middle Initial</b>	<b>Intermediate Submitter Point of Contact Name, Suffix</b>	<b>Intermediate Submitter Point of Contact Name, Degree</b>	<b>Intermediate Submitter Point of Contact Phone, Country Code</b>
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<b>Intermediate Submitter Point of Contact Email</b>	<b>Intermediate Submitter Patient ID</b>	<b>Intermediate Submitter Alternative Patient ID</b>	<b>Intermediate Submitter Specimen ID</b>	<b>Intermediate Submitter Alternative Specimen ID</b>
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<b>Brief Clinical Summary</b>	<b>State of Illness, Symptomatic</b>	<b>State of Illness, Asymptomatic</b>	<b>State of Illness, Acute</b>	<b>State of Illness, Chronic</b>	<b>State of Illness, Convalescent</b>	<b>State of Illness, Recovered</b>
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Type of Infection, Upper respiratory	Type of Infection, Lower respiratory	Type of Infection, Cardiovascular	Type of Infection, Gastrointestinal
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Type of Infection, Genital	Type of Infection, Urinary tract	Type of Infection, Sepsis	Type of Infection, Central nervous system	Type of Infection, Skin/soft tissue
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Type of Infection, Ocular	Type of Infection, Joint/bone	Type of Infection, Disseminated	Type of Infection, Other	Type of Infection, Other (specify)
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<input type="checkbox"/> Short List  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
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<b>Therapeutic Agent(s) During Illness, Agent 2 Start Date</b>	<b>Therapeutic Agent(s) During Illness, Agent 2 End Date</b>	<input type="checkbox"/> <b>Short List</b>  <b>Therapeutic Agent(s) During Illness, Agent 3</b>	<b>Therapeutic Agent(s) During Illness, Agent 3 Start Date</b>
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<b>Therapeutic Agent(s) During Illness, Agent 3 End Date</b>	<b>Extent, Isolated Case</b>	<b>Extent, Carrier</b>	<b>Extent, Contact</b>	<b>Extent, Outbreak</b>	<b>Extent, Outbreak Text</b>
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Extent, Family	Extent, Community	Extent, Healthcare-associated	Extent, Epidemic	Travel	Travel, Start Date	Travel, End Date
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<b>Travel: Foreign (Countries) 1</b>	<b>Travel: Foreign (Countries) 2</b>	<b>Travel: Foreign (Countries) 3</b>	<b>Foreign Residence (Country)</b>	<b>Travel: United States (States) 1</b>	<b>Travel: United States (States) 2</b>	<b>Travel: United States (States) 3</b>
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United States Residence (State)	Exposure	Date of Exposure	Animal Exposure	Animal Type of Exposure	<input type="checkbox"/> Short List  Animal Common Name
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<input type="checkbox"/> Short List  Animal Scientific Name	Arthropod Exposure	Arthropod Type of Exposure	<input type="checkbox"/> Short List  Arthropod Common Name
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<input type="checkbox"/> Short List  Arthropod Scientific Name	<input type="checkbox"/> Short List  Immunization 1	Immunization 1, Date Received	<input type="checkbox"/> Short List  Immunization 2	Immunization 2, Date Received
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<input type="checkbox"/> Short List Immunization 3	Immunization 3, Date Received	<input type="checkbox"/> Short List Immunization 4	Immunization 4, Date Received	Previous Laboratory Results
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Comments	Delivered to Unit #	Date received at CDC	Specimen Received at STAT Date (STAT only)
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<b>Condition, Outer Package, STAT Laboratory (STAT only)</b>	<b>Condition, Specimen container, STAT Laboratory (STAT only)</b>	<b>Condition, Specimen, STAT Laboratory (STAT only)</b>	<b>CDC Local Aliquot ID</b>
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<b>Specimen Received in Lab Date (Unit only)</b>	<b>Condition, Outer Package, Testing Laboratory (Unit only)</b>	<b>Condition, Specimen container, Testing Laboratory (Unit only)</b>	<b>Condition, Specimen, Testing Laboratory (Unit only)</b>
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Additional ID 1	<input type="checkbox"/> Short List Additional Type 1	Additional ID 2	<input type="checkbox"/> Short List Additional Type 2	Suspected Agent Category
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Case Id	Date 01	Date 02	Numeric 01
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**Numeric 02**

**Decimal 01**

**Alpha Numeric 01**

**Alpha Numeric 02**

Alpha Numeric 03	Alpha Numeric 04	Alpha Numeric 05	Volume	Unit of Measure
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<b>Container Type</b>	<a href="#">Help On Storage Fields</a> <b>Storage Locations - Location</b>	<b>Storage Locations - Building</b>	<b>Storage Locations - Room</b>
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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
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CDC EVENT ID	Help Using Event Name Event Name (Only displays for 1 event ID)	CDC CASE ID	Date Subsample Received in Lab	Subsample Comment	Date Aliquot Received in Lab
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Aliquot Comment	Additional Aliquot ID	Is Subsample	Parent CUID
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Package ID	CSID	CUID	Origin (This field is required)	<input type="checkbox"/> Short List Test Order Name	<input type="checkbox"/> Short List Suspected Agent
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<b>Date Sent to CDC</b>	<b>At CDC, bring to the attention of:</b>	<b>CDC Patient ID</b>	<b>CDC Local Patient ID</b>	<b>Animal</b>
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<b>Arthropod</b>	<input type="checkbox"/> <b>Short List</b> <b>Common Name</b>	<input type="checkbox"/> <b>Short List</b> <b>Scientific Name</b>	<b>Animal Name</b>	<b>Animal Category</b>
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Sex	Birthdate	Age	Age units	<input type="checkbox"/> Short List Clinical Diagnosis	Date of onset	Fatal
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Date of Death	Specimen collected date	Specimen collected time	<input type="checkbox"/> Short List Material submitted	<input type="checkbox"/> Short List Specimen source (Type) <b>(Required for Specimens Only)</b>
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<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List	<input type="checkbox"/> Short List
Specimen source modifier	Specimen source site	Specimen source site modifier	Collection method

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

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

**Numeric 02**

**Decimal 01**

**Alpha Numeric 01**

Alpha Numeric 02

Alpha Numeric 03

Alpha Numeric 04

Alpha Numeric 05

Volume	Unit of Measure	Container Type	Storage Locations - Location	Storage Locations - Building
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<b>Storage Locations - Room</b>	<b>Storage Locations - Storage Unit</b>	<b>Storage Locations - Shelf</b>	<b>Storage Locations - Rack</b>	<b>Storage Locations - Box</b>	<b>Storage Locations - Absolute Position</b>
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<b>Storage Locations - Custodian (User ID)</b>	<b>Storage Locations - Comment</b>	<b>CDC EVENT ID</b>	<b>Help Using Event Name</b> <b>Event Name</b> <i>(Only displays for 1 event ID)</i>	<b>CDC CASE ID</b>	<b>Date Subsample Received in Lab</b>
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Subsample Comment	Date Aliquot Received in Lab	Aliquot Comment	Additional Aliquot ID	Is Subsample	Parent CUID
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Package ID	CSID	CUID	Origin (This field is required)	<input type="checkbox"/> Short List Test Order Name	<input type="checkbox"/> Short List Suspected Agent
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Date Sent to CDC	At CDC, bring to the attention of:	Specimen collected date	Specimen collected time	<input type="checkbox"/> Short List Material submitted
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<input type="checkbox"/> Short List Specimen source (Type) <b>(Required for Specimens Only)</b>	<input type="checkbox"/> Short List Specimen source site	<input type="checkbox"/> Short List Specimen source site modifier	<input type="checkbox"/> Short List Collection method
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<input type="checkbox"/> Short List  <b>Treatment of specimen</b>	<input type="checkbox"/> Short List  <b>Transport medium/Specimen preservative</b>	  <b>Specimen handling</b>
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<b>SPHL Submitter ID</b>	<b>SPHL Submitter Institution Name</b>	<b>SPHL Contact ID</b>	<b>SPHL Submitter Point of Contact Name, Prefix</b>

<b>SPHL Submitter Point of Contact Name, Last</b>	<b>SPHL Submitter Point of Contact Name, First</b>	<b>SPHL Submitter Point of Contact Name, Middle Initial</b>	<b>SPHL Submitter Point of Contact Name, Suffix</b>
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<b>SPHL Submitter Point of Contact Name, Degree</b>	<b>SPHL Submitter Point of Contact Phone, Country Code</b>	<b>SPHL Submitter Point of Contact Phone, Area Code</b>	<b>SPHL Submitter Point of Contact Phone, Local Number</b>
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<b>SPHL Submitter Point of Contact Phone, Extension</b>	<b>SPHL Submitter Point of Contact Email</b>	<b>SPHL Submitter Sample ID</b>	<b>SPHL Submitter Alternative Sample ID</b>	<b>SPHL Submitter Specimen ID</b>
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<b>SPHL Submitter Alternative Specimen ID</b>	<input type="checkbox"/> <b>Private List</b> <b>Original Submitter ID</b>	<b>Original Submitter Lab Director or Designee Name, Prefix</b>	<b>Original Submitter Lab Director or Designee Name, Last</b>	<b>Original Submitter Lab Director or Designee Name, First</b>
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<b>Original Submitter Lab Director or Designee Name, Middle Initial</b>	<b>Original Submitter Lab Director or Designee Name, Suffix</b>	<b>Original Submitter Lab Director or Designee Name, Degree</b>	<b>Original Submitter Institution Name</b>	<b>Original Submitter Address, Street Address Line 1</b>
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<b>Original Submitter Address, Street Address Line 2</b>	<b>Original Submitter Address, City</b>	<b>Original Submitter Address, Zip/Postal Code</b>	<b>Original Submitter Address, State</b>	<b>Original Submitter Address, Country</b>
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<b>Original Submitter Fax, Country Code</b>	<b>Original Submitter Fax, Area Code</b>	<b>Original Submitter Fax, Local Number</b>	<b>Original Submitter Email</b>
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<b>Original Submitter Contact ID</b>	<b>Original Submitter Point of Contact Name, Prefix</b>	<b>Original Submitter Point of Contact Name, Last</b>	<b>Original Submitter Point of Contact Name, First</b>
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<b>Original Submitter Point of Contact Name, Middle Initial</b>	<b>Original Submitter Point of Contact Name, Suffix</b>	<b>Original Submitter Point of Contact Name, Degree</b>	<b>Original Submitter Point of Contact Phone, Country Code</b>
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<b>Original Submitter Point of Contact Phone, Area Code</b>	<b>Original Submitter Point of Contact Phone, Local Number</b>	<b>Original Submitter Point of Contact Phone, Extension</b>
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<b>Original Submitter Point of Contact Email</b>	<b>Original Submitter Sample ID</b>	<b>Original Submitter Alternative Sample ID</b>	<b>Original Submitter Specimen ID</b>	<b>Original Submitter Alternative Specimen ID</b>
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<input type="checkbox"/> Private List			
Intermediate Submitter ID	Intermediate Submitter Lab Director or Designee Name, Prefix	Intermediate Submitter Lab Director or Designee Name, Last	Intermediate Submitter Lab Director or Designee Name, First

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

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

<b>Storage Locations - Box</b>	<b>Storage Locations - Absolute Position</b>	<b>Storage Locations - Custodian (User ID)</b>	<b>Storage Locations - Comment</b>	<b>CDC EVENT ID</b>
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<p>Help Using Event Name</p> <p>Event Name (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>
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Aliquot Comment	Additional Aliquot ID	Is Subsample	Parent CUID
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Submitter ID

SPHL-000001  
SPHL-000002  
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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
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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
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3900 NCTR Road		Jefferson
28 Rue du Docteur Roux	cedex 15	Paris
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1 Olympic Plaza	NULL	Colorado S
Venezuela Avenue, Bellavista Callao	NULL	Callao
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420 Delaware Street SE	1260 Mayo Building	Minneapolis
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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	liu@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
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Health.idlabreports@state.mn.us	Health.idlabreports@state.mn.us	NULL
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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



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VRDL.Mail@cdph.ca.gov	VRDL.Mail@cdph.ca.gov	NULL
rlgonzalez@salud.gov.pr	rlgonzalez@salud.pr.gov	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
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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.NI	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
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DPH.Lab.Chicago@illinois.gov	DPH.Lab.Chicago@illinois.gov	Judy.Kauerauf@Illinc
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fmaa@food.dtu.dk	NULL	NULL
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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	Istonehill@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

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joy.joseph@doh.vi.gov

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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
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Specimen Source Type Human/Animal	Specimen Source Type FEMB
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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
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**Animal/Arthropod Scientific Name**

**Animal Common Name**



**Animal Scientific Name**

**Arthropod Common Name**

Arthropod Scientific Name

Immunization - Human

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