

CDC 50.34

Use CDC Form 50.34 to submit specimens through the OSPHL to the Centers for Disease Control and Prevention (CDC), U.S. Public Health Service. Tests requiring this form are indicated in the **Quick Reference** section of this manual. Please provide as much of the requested information as possible. Failure to do so may result in a significant delay in the testing of the specimen. No fees are assessed for specimens referred to CDC through the OSPHL.

Please **do not** enter any information in the following areas on the front of the form: "Justification" (upper left corner), "State Health Department Laboratory Address" (upper right corner), and "State Health Department No." and "Date Sent to CDC" (immediately below the State Health Department address).

This form is available through the OSPHL and on the CDC web site at http://www.cdc.gov/ncidod/dvbid/misc/cdc50_34.pdf. Please order an adequate supply. If possible, please type the information onto the form, otherwise print legibly in black ink.

The following serology tests are performed at CDC and most require submission of **both** Form 42 and CDC 50.34:

- Amebiasis (*Entamoeba histolytica*)
- Anthrax

- Aspergillosis
- Blastomycosis
- Candidiasis
- Chagas Disease
- Colorado Tick Fever
- Cryptococcosis
- Cysticercosis
- Dengue Fever
- Echinococcosis
- Ehrlichiosis
- Equine Encephalitis
- Hepatitis — see **Quick Reference** for tests performed at OSPHL
- HIV-2
- HTLV-I
- HTLV-II
- Lymphocytic Choriomeningitis
- Malaria
- Melioidosis (*Burkholderia pseudomallei*)
- Parasites
- Plague
- Sporotrichosis
- Strongyloidiasis
- Toxocariasis
- Trachoma Inclusion Conjunctivitis
- Trichinosis
- Yellow Fever

The following bacteriology tests are performed at CDC and require submission of a CDC 50.34 form:

- Pneumococcus (*S. pneumoniae*) — serotyping
- Staphylococcus (*S. aureus*) — phage typing for epidemiologic studies.

Justification must be completed by State health department laboratory before specimen can be accepted by CDC. Please check the first applicable statement and when appropriate complete the statement with the *.

1. Disease suspected to be of public health importance. Specimen is:
 (a) from an outbreak. (b) from uncommon or exotic disease.
 (c) an isolate that cannot be identified, is atypical, shows multiple antibiotic resistance, or from a normally sterile site(s) (d) from a disease for which reliable diagnostic reagents or expertise are unavailable in State.

2. Ongoing collaborative CDC/State project.
 3. Confirmation of results requested for quality assurance.

*Prior arrangement for testing has been made.
 Please bring to the attention of:

(Name): _____

Completed by: _____

Date: ____/____/____

Name, Address and Phone Number of Physician or Organization:

STATE HEALTH DEPARTMENT LABORATORY ADDRESS:

STATE HEALTH DEPT. NO.:

DATE SENT TO CDC: (MM/DD/YYYY) ____/____/____

PATIENT IDENTIFICATION: (Hospital No.) _____

NAME: (LAST, FIRST, MI) _____

BIRTHDATE: (MM/DD/YYYY) ____/____/____

SEX: MALE FEMALE

CLINICAL DIAGNOSIS: _____

ASSOCIATED ILLNESS: _____

DATE OF ONSET: (MM/DD/YYYY) ____/____/____

FATAL? YES NO

(FOR CDC USE ONLY)		CDC NUMBER		DATE RECEIVED
UNIT	FY	NUMBER	SUF	MO DA YR

REVERSE SIDE OF THIS FORM MUST BE COMPLETED

THIS FORM MUST BE EITHER PRINTED OR TYPED
 PLEASE PREPARE A SEPARATE FORM FOR EACH SPECIMEN

D.A.S.H.

DATE REPORTED

MO DA YR

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Comments:

____/____/____

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Public Health Service
 Centers for Disease Control
 Center for Infectious Diseases
 Atlanta, Georgia 30333



The Centers for Disease Control (CDC), an agency of the Department of Health and Human Services, is authorized to collect this information, including the Social Security number (if applicable), under provisions of the Public Health Service Act, Section 301 (42 U.S.C. 241). Supplying the information is voluntary and there is no penalty for not providing it. The data will be used to increase understanding of disease patterns, develop prevention and control programs, and communicate new knowledge to the health community. Data will become part of CDC Privacy Act system 09-20-0106, "Specimen Handling for Testing and Related Data" and may be disclosed: to appropriate State or local public health departments and cooperating medical authorities to deal with conditions of public health significance; to private contractors assisting CDC in analyzing and refining records; to researchers under certain limited circumstances to conduct further investigations; to organizations to carry out audits and reviews on behalf of HHS; to the Department of Justice in the event of litigation, and to a congressional office assisting individuals in obtaining their records. An accounting of the disclosures that have been made by CDC will be made available to the subject individual upon request. Except for permissible disclosures expressly authorized by the Privacy Act, no other disclosure may be made without the subject individual's written consent.

