

## INSTRUCTIONS FOR FILLING OUT SPECIMEN SUBMISSION FORMS

*Note, these instructions do not apply to HIV/HCV and Blood Lead forms*

### General Information:

- Collect specimen by following instructions in SCOPE. Label each specimen tube, subculture, or smear with patient's full first and last name and birthdate or other unique identifier. *For Bioterrorism and Emerging Pathogens, call 919-807-8600 (BTEP 24/7 Duty Phone) prior to submission to for guidance on collection, transport, and package labeling.*

Fill out the appropriate form and send in appropriate mailer with the specimen to State Laboratory of Public Health. Please print legibly or use a preprinted label. Package and ship specimen and form according to instructions on the SLPH website at <http://slph.ncpublichealth.com/Forms/PackingInstructionsWithOuterBaggie.pdf>.

### Preparation of Form:

- If using printed label, place it in the upper right portion of the form. If the label contains patient and accurate submitter information, you do not have to manually fill in the other fields. Otherwise, complete demographics. Birthdate is required. Address and phone number can be submitted, but is not required for most testing. Social Security number is not required. Do not use a "made up" social security number. If you have a medical record or chart number, enter it in the space provided. Choose sex, race, ethnicity, and pregnancy status. Ensure that the identifying information on the form matches the information on the specimen label exactly.
- Enter the Medicaid number if the patient is Medicaid eligible.
- Enter the submitter EIN and suffix. Please also enter the Submitter Name. If this is the first time you have submitted a specimen to the state lab, please fill in the address, county name, email, and contact numbers. *For samples submitted to BTEP, please add a contact name and number from the lab for calling results back to the lab.*
- Enter the Ordering Provider's NPI and full name in the labeled spaces.
- Enter the specimen collection date and reason for testing (ICD-10).
- Enter the specimen information: source, symptoms, and other information specified on form.
- Enter the test(s) ordered and additional reason for testing, if applicable.