

Laboratorio de Salud Pública de Puerto Rico
Departamento de Salud
PO Box 70184 San Juan PR 00936
Teléfono: (787) 274-5721 Facsímile: (787) 274-5711

**REFERIDO AISLADOS DE ORGANISMOS DE CONDICIONES DE NOTIFICACION OBLIGATORIA AL
DEPARTAMENTO DE SALUD**

Fecha de envío: _____ Nombre de Persona que Refiere: _____

Nombre de Institución: _____ Tel. _____ Num. ID muestra: _____

(Lab. de Referencia indicar laboratorio que originó la muestra): _____ Tel. _____

Nombre del Paciente: _____ Sexo: _____ Edad: _____

Dirección Física: _____

Diagnóstico Clínico: _____ Muestra Original (orina, excreta, etc.) _____

Fecha de Toma de Muestra: _____ Fecha de Aislado Organismo: _____

Organismo Aislado (cultivo puro): _____ subespecie/ subgrupo _____

Medio en que se envía la muestra: _____ Condición Especial (si aplica) _____

RESULTADOS DE LABORATORIO PREVIOS

Reacciones Bioquímicas (Puede incluir copia de la hoja de reacciones manual o impresa por equipo):

TSI _____ IMVIC _____
LIA _____ Atmósfera especial requerida _____
Urea _____ Especifique Otras: _____

Método de Identificación:

API _____ Automatizado (especifique) _____ Otro (especifique) _____

INFORMACION EPIDEMIOLOGICA RELEVANTE (Brote Epidemiológico, Intoxicación por Alimentos, Exposición, Viajes, Contacto con animales, etc.)

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.

