

STATE LAB  
Use Only

Maryland Department of Health - Laboratories Administration  
1770 Ashland Avenue · Baltimore, MD 21205  
(443) 681-3800 <http://health.maryland.gov/laboratories>  
Robert A. Myers, Ph.D., Director



## CRE Colonization Screening Requisition

CRE colonization screening testing by the ARLN Regional Laboratory requires approval by the requesting state's healthcare-associated infection (HAI) coordinator or lead epidemiologist

Approved Investigation Code: \_\_\_\_\_

### Public Health HAI Contact

Public Health Department: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

State Investigation ID (eg. Outbreak code): \_\_\_\_\_

Contacts Screening Initiated by: \_\_\_\_\_

### Public Health Lab Contact (Submitter)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Lab Address: \_\_\_\_\_

Lab State: \_\_\_\_\_ Lab Zipcode: \_\_\_\_\_

### Sample Collection Site (Institution with Outbreak)

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility State: \_\_\_\_\_ Facility Zipcode: \_\_\_\_\_

Facility Point-of-Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Test Request Authorization by (Full Name, Credentials): \_\_\_\_\_

Clinical Lab ID (eg. CLIA Number): \_\_\_\_\_ Facility Type: \_\_\_\_\_

Secure Fax: \_\_\_\_\_

### Patient Demographics

Patient Last Name: \_\_\_\_\_ Patient First Name : \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Patient ID: \_\_\_\_\_

Facility Specimen ID: \_\_\_\_\_

State PHL Specimen ID: \_\_\_\_\_

Collection Date: \_\_\_\_\_ Specimen Type: \_\_\_\_\_

Comments: \_\_\_\_\_