Maryland Department of Health Laboratories Administration
INSTRUCTIONS FOR ISOLATE SUBMISSION FOR ARLN AMR REFERENCE TESTING

1. Prepare an agar slant (e.g. TSA, blood agar, etc.) with the isolate to be submitted for AMR reference testing labeled with the appropriate patient identifiers. At least two patient identifiers (such as patient name and date of birth) are required on the specimen under CLIA regulations. Seal the slant or the plate with a piece of parafilm or tape.

2. Go to health.maryland.gov/laboratories/Pages/Home.aspx and click on the Infectious Agents Culture Detection link which will bring up our fillable lab test ordering form which can then be printed after completing or print a scanned copy of the form which can be filled-out manually. Complete the top portion of the form to include all submitting entity and patient demographic information. Include the name of the Healthcare provider who has legal authority to order the test(s) in the "Test Request Authorized by" field if these results are to be returned and placed into the patient's medical record. On the right side, under the section, "Other Tests for Infectious Agents," or under "Reference Microbiology" on bottom left side, enter specimen source code in the box and write the name of test as "ARLN Reference Testing;" also include the name of the isolate species if known. Attach the provided star-shaped, fluorescent-colored "ARLN Reference Test" sticker to the form (See Page 2 for further details). This sticker will help ensure that the specimen/isolate is directed to ARLN Lab for priority reference testing. Without this sticker, the specimen will be processed as a surveillance specimen/isolate, which could be batch tested. See the attached illustrated directions on page 2 for an example case for completing Form No. 4676. A blank Infectious Agents Culture Detection form No. 4676 is available on page 3. The form must be completed when submitting pre-approved specimens for all AMR reference test requests to the Maryland ARLN Laboratory. Specimens submitted without this form will NOT be accepted for testing. Please ensure that all required core demographic, provider, and patient contact information is completed.

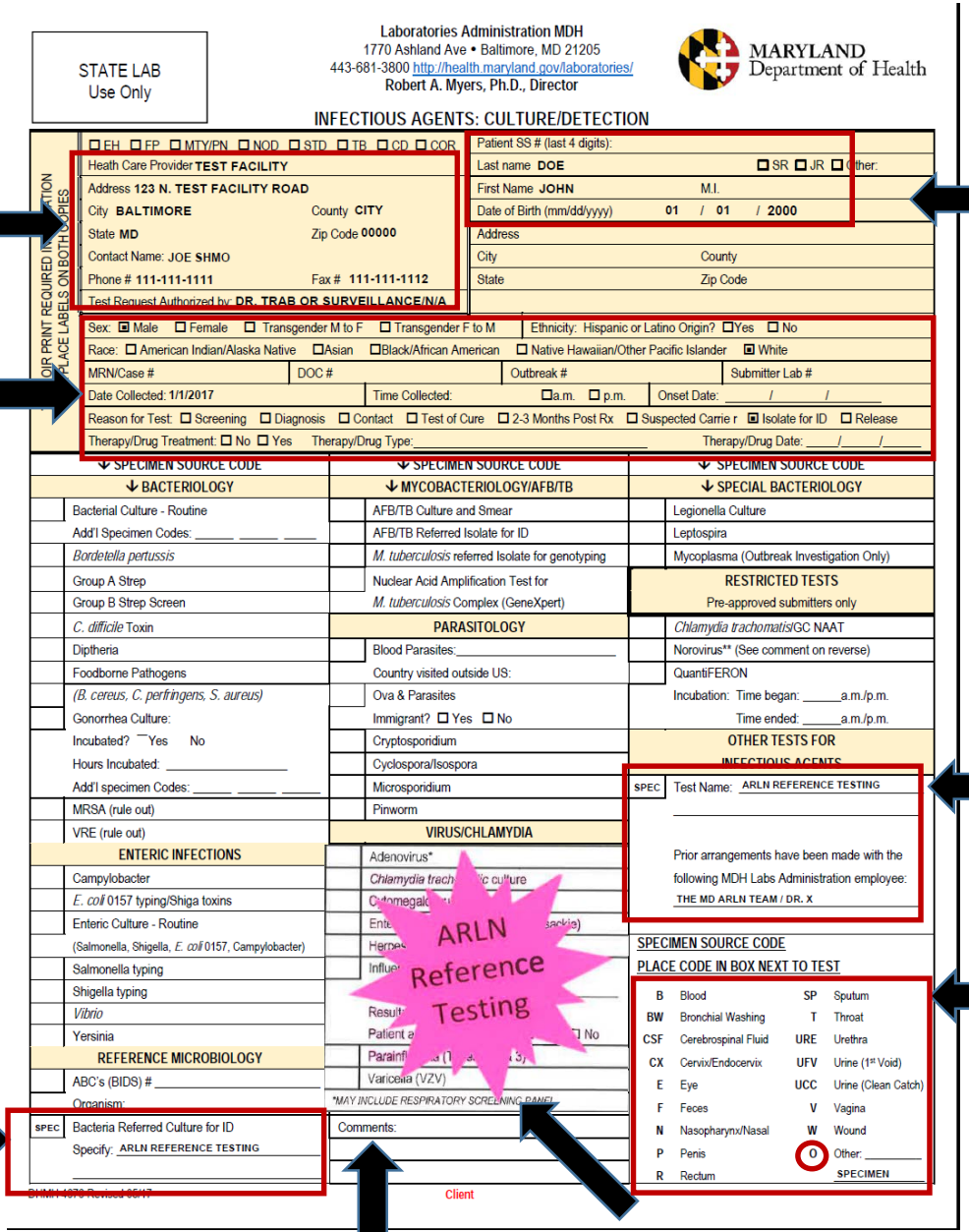
3. Enclose a completed test request form with each specimen/isolate that is submitted for reference testing.

4. Isolates can be transferred within the U.S. as Category B Biological Substances in accordance with Department of Transportation (DoT) Hazardous Materials Regulations (49 CRF Part 171-180). Guidance for packaging samples in accordance with Category B Biological substance requirements can be found in the CDC/NIH Publication, *Biosafety in Microbiological and BioMedical Laboratories, 5th edition*. Additional information about the DoT Hazardous Materials Transport Regulations can be found at https://www.transportation.gov/pipelines-hazmat. A supply of pre-printed shipping labels have been provided for your convenience. Appropriately packaged specimens can be shipped directly using the ARLN FEDEX account to the following address:
   Maryland Department of Health Laboratories Administration
   Attn: ARLN Regional Laboratory
   1770 Ashland Ave
   Baltimore, Maryland 21205

Must complete the submitting entity information **(This is where reports will be sent)** & include name of practitioner requesting the test.

Complete the patient demographic information such as sex, MRN/Case#, Date collected, time collected, outbreak # and submitter Lab # if available

Check the box and indicate test name by writing CRE Testing or ARLN AMR on the line. Enter Species ID if available.



Include any comments here

Affix the color coded label

Patient's first & last names must be on the specimen container and exactly match the test request form

Write "ARLN AMR reference testing" to request testing and enter source code of the specimen/isolate

Using this specimen source code, enter the code in the box next to the test name.

If other, please identify the source

STATE LAB
Use Only

Laboratories Administration MDH
1770 Ashland Ave • Baltimore, MD 21205
443-681-3800 http://health.maryland.gov/laboratories/
Robert A. Myers, Ph.D., Director

MARYLAND Department of Health

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES

☐ EH ☐ FP ☐ MTY/PN ☐ NOD ☐ STD ☐ TB ☐ CD ☐ COR

Heath Care Provider	Patient SS # (last 4 digits):
Address	Last name ☐ SR ☐ JR ☐ Other:
City County	First Name M.I.
State Zip Code	Date of Birth (mm/dd/yyyy) / /
Contact Name:	Address
Phone # Fax #	City County
Test Request Authorized by:	State Zip Code

Sex: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M
Ethnicity: Hispanic or Latino Origin? ☐ Yes ☐ No

Race: ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

MRN/Case # | DOC # | Outbreak # | Submitter Lab #

Date Collected: | Time Collected: ☐ a.m. ☐ p.m. | Onset Date: ____/____/____

Reason for Test: ☐ Screening ☐ Diagnosis ☐ Contact ☐ Test of Cure ☐ 2-3 Months Post Rx ☐ Suspected Carrie r ☐ Isolate for ID ☐ Release

Therapy/Drug Treatment: ☐ No ☐ Yes Therapy/Drug Type:_____ Therapy/Drug Date: ____/____/____

↓ SPECIMEN SOURCE CODE

↓ BACTERIOLOGY

- ☐ Bacterial Culture - Routine
  Add'l Specimen Codes: _____ _____ _____
- ☐ *Bordetella pertussis*
- ☐ Group A Strep
- ☐ Group B Strep Screen
- ☐ *C. difficile* Toxin
- ☐ Diptheria
- ☐ Foodborne Pathogens
  (B. cereus, C. perfringens, S. aureus)
- ☐ Gonorrhea Culture:
  Incubated? Yes __ No
  Hours Incubated: _____
  Add'l specimen Codes: _____ _____ _____
- ☐ MRSA (rule out)
- ☐ VRE (rule out)

ENTERIC INFECTIONS

- ☐ Campylobacter
- ☐ *E. coli* 0157 typing/Shiga toxins
- ☐ Enteric Culture - Routine
  (Salmonella, Shigella, *E. coli* 0157, Campylobacter)
- ☐ Salmonella typing
- ☐ Shigella typing
- ☐ *Vibrio*
- ☐ Yersinia

REFERENCE MICROBIOLOGY

- ☐ ABC's (BIDS) # _____
  Organism: _____
- ☐ Bacteria Referred Culture for ID
  Specify: _____

↓ SPECIMEN SOURCE CODE

↓ MYCOBACTERIOLOGY/AFB/TB

- ☐ AFB/TB Culture and Smear
- ☐ AFB/TB Referred Isolate for ID
- ☐ *M. tuberculosis* referred Isolate for genotyping
- ☐ Nuclear Acid Amplification Test for *M. tuberculosis* Complex (GeneXpert)

PARASITOLOGY

- ☐ Blood Parasites:_____
  Country visited outside US:
- ☐ Ova & Parasites
  Immigrant? ☐ Yes ☐ No
- ☐ Cryptosporidium
- ☐ Cyclospora/Isospora
- ☐ Microsporidium
- ☐ Pinworm

VIRUS/CHLAMYDIA

- ☐ Adenovirus*
- ☐ *Chlamydia trachomatic* culture
- ☐ Cytomegalovirus (CMV)
- ☐ Enterovirus (Includes Echo & Coxsackie)
- ☐ Herpes Simplex Virus (Types 1 & 2)
- ☐ Influenza (Types A & B)* Rapid Flu Test:
  Type:_____
  Result: ☐ Negative ☐ Positive
  Patient admitted to hospital? ☐ Yes ☐ No
- ☐ Parainfluenza (Types 1, 2 & 3)*
- ☐ Varicella (VZV)

*MAY INCLUDE RESPIRATORY SCREENING PANEL

Comments:

↓ SPECIMEN SOURCE CODE

↓ SPECIAL BACTERIOLOGY

- ☐ Legionella Culture
- ☐ Leptospira
- ☐ Mycoplasma (Outbreak Investigation Only)

RESTRICTED TESTS
Pre-approved submitters only

- ☐ *Chlamydia trachomatis*/GC NAAT
- ☐ Norovirus** (See comment on reverse)
- ☐ QuantiFERON
  Incubation: Time began: _____a.m./p.m.
  Time ended: _____a.m./p.m.

OTHER TESTS FOR INFECTIOUS AGENTS

- ☐ Test Name: _____

Prior arrangements have been made with the following MDH Labs Administration employee:
_____

SPECIMEN SOURCE CODE
PLACE CODE IN BOX NEXT TO TEST

B	Blood	SP	Sputum
BW	Bronchial Washing	T	Throat
CSF	Cerebrospinal Fluid	URE	Urethra
CX	Cervix/Endocervix	UFV	Urine (1st Void)
E	Eye	UCC	Urine (Clean Catch)
F	Feces	V	Vagina
N	Nasopharynx/Nasal	W	Wound
P	Penis	O	Other: _____
R	Rectum		

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