

MDH Infectious Disease Lab ARLN Submission Form Guidance

Submitter Information

Submitting Facility: Required. Full name, no abbreviations. Lab or facility sending in specimen/isolate. Results **will only** be faxed to facility on this line.

Address: Required. Street address, city, state, and zip.

Name of Person Filling Out Form: Name of individual to contact with issues about missing/unreadable/mismatched data on the specimen or form.

Phone: Phone number for contact with issues about missing/unreadable/mismatched data on the specimen or submission form.

Originating Facility: Full name, no abbreviations. City, state, and zip of originating facility. The facility where the specimen/isolate was collected. If unknown, indicate such.

Patient Information

Patient name (last and first) is required and must match the information on the specimen label.

Last name: Required

First name: Required

Address: Optional address of patient. Zip code is preferred.

Medical Record Number: Unique patient identifier. **DO NOT** enter submitter sample ID here. The Patient MRN# will appear on the report.

Date of Birth: Required

Sex: Optional, preferred

Race: Optional, preferred

Ethnicity: Optional, preferred

Specimen Information

Submitter Sample ID: Submitting lab accession or order number. If submitter is a correctional facility, long-term care facility, or other non-clinical location, this number may be omitted. The submitter sample ID will appear on the report.

Date of Collection: Required

Collection Time: Preferred, but not required for most tests. Will default to 00:00 AM if not provided.

Submitting Lab Organism/Result: Specify the genus and species of the isolate being submitted. If a specimen is being submitted, leave blank.

Source/Type: Required. Originating source for isolate submitted, or source of submitted specimen. If “Fluid”, “Tissue”, “Wound Swab”, or choosing “Other”, please use “Specify Additional Site/Source Information” field to indicate source that is not listed.

Specimen Test Requested

Use this section to order tests on specimens. All ARLN submissions for point prevalence surveys (PPS) require MDH approval prior to submission. **Admission screenings** for *Candida auris* and carbapenem resistant organism colonization screening **do not** require prior approval.

Candida auris Colonization Screening by Candida auris PCR (CAPCR): Select for *Candida auris* PCR testing. Specimen source is a combined axilla/groin Eswab®.

Carbapenem Resistant Organism Colonization Screening by Carba-R (CARBAR): Select for colonization testing of carbapenem resistant organisms for the carbapenemase genes KPC/NDM/OXA-48/VIM/IMP using the GeneXpert Carba-R test. Specimen source is a Copan dual rectal swab.

Carbapenem Resistant Organism Colonization Screening by Culture (CPOCX): Select for culture-based colonization testing for (1) carbapenem-resistant *Acinetobacter baumannii* (CRAB), (2) organisms that harbor the IMP gene, or for (3) CRO from non-rectal sources. Indicate which of the 3 testing scenarios is being requested. Specimen sources may include rectal swabs, axilla/groin swabs, wound swabs, and sputum.

Isolate Test Requested

Use this section to order tests on isolates. For tests including CRA, CRE, and CRPA, provide a copy of the AST report from the testing instrument, phenotypic and/or molecular carbapenemase test results (if performed) using the CRO isolate supplemental submission form:

www.health.state.mn.us/diseases/idlab/arln.html

CRA Carbapenem-resistant Acinetobacter Project 2175 (CRA): Select for submission of carbapenem resistant *Acinetobacter* species isolates.

CRE Carbapenem-resistant Enterobacterales Project 2175 (CRE): Select for submission of carbapenem resistant isolates within the Enterobacterales family (e.g., *Escherichia coli*, *Klebsiella pneumoniae*, *Proteus mirabilis*).

CRE Carbapenem-resistant Pseudomonas Project 2175 (CRP): Select for submission of carbapenem resistant *Pseudomonas* isolates.

Yeast identification/AFST Project 2180 (YEASTID): Select for submission of yeast isolates for identification and/or antifungal susceptibility testing. Includes identification or confirmation of *Candida auris*.

Expanded Antibiotic Testing for Enterobacterales (ASTEXP): Requires MDH approval prior to submission. Testing of Enterobacterales isolates producing a metallo-beta-lactamase that meet selective criteria.

S. pneumoniae serotyping/AST Project 2181 (SPNSER): Select for submission of *Streptococcus pneumoniae* isolates for serotyping and AST.

Submitting Laboratory: Comments

Use this section to describe any pertinent information for which there is no specified field on the submission form.

Minnesota Department of Health
Public Health Laboratory, Infectious Disease Laboratory
601 Robert Street North
PO Box 64899
St. Paul, MN 55164-0899
651-201-5200
health.mdhlab@state.mn.us
www.health.state.mn.us/about/org/phl/topics/index.html
ARLN Team email for approval requests or questions
arlnmn@state.mn.us

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To obtain this information in a different format, call: 651-201-5200.