## **Unexplained Critical Illnesses Specimen Submission Form**

Minnesota Unexplained Critial Illness and Deaths Project

Bar Code Sticker MDH Use Only

First name:		Submitting Facility:	
Last name:		Submitting racinty.	
		Facility name:	
Address:		^	
City:	Zip:	Address:	
City.	Σiβ.	City:	Zip:
		City.	Δip.

Date of birth: \_\_\_ / \_\_\_ Sex: M Unk Ordering provider:

Submitter MRN: Contact name:

MDH Case ID (alternate Patient ID): XMN Phone:

**Patient Information:** 

Project # 721 **Critical Illness** Date of symptom onset: \_\_\_/\_\_\_/

MDH#	Submitter's Sample	Source	Collection Date and	Collected
(MDH use only)	ID#		Time	(pre or postmortem
			+	

(MDH use only)

For information on what specimens to send: call 651-201-5414 or visit www.health.state.mn.us/diseases/unex/collection.html