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.

Include any comments here

Affix the color coded label

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.