

**Animal-Carbapenem Resistance
 Organisms Test Request Form**

Submitter Information		
Facility:		Phone:
Address:	City:	State/County:
Veterinarian/Provider Information (if applicable)		
Name (Last, First):		Phone:
Address:	City:	State/County:
Isolate Information		
Collection Date:	Date Submitted:	
Type of Animal:	Specimen Source:	
Isolate ID:	Sample ID:	
List of drugs tested and resistance patterns:		
<p>Packing information: Submit pure isolates on appropriate media slant or aimes swab.</p> <p>Ship To: North Dakota Department of Health and Human Services Laboratory Services 2635 East Main Ave. Bismarck, ND 58506</p>		