

# Unexplained Deaths Specimen Submission Form

Minnesota Unexplained Critical Illness and Deaths Project

Bar Code Sticker  
MDH Use Only

## Patient Information:

First name:

Last name:

Address:

City:

Zip:

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sex: M

F

Unk

Date of death: \_\_\_\_/\_\_\_\_/\_\_\_\_

Submitter MRN:

MDH Case ID (alternate Patient ID): XMN

## Submitting Facility:

Minnesota Department of Health, IDEPC

Contact Name: UNEX Program

**Project # 721**

## Originating Facility:

Facility name:

Address:

City:

Zip:

Contact name:

Phone:

## Specimen Information:

MDH # (MDH use only)	Submitter's Sample ID #	Source	Collection Date and Time	Collected (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/](http://www.health.state.mn.us/diseases/unex/)