New Jersey Department of Health
Public Health Infrastructure, Laboratories and Emergency Preparedness

REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY

CLINICAL SPECIMENS/REFERRED CULTURE

NJDOH Case Number: _____

Lab Accession Number:
(Lab Use Only) _____

Name of Requesting Agency/Institution: _____

_____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Name of Attending Physician: _____

Patient Name: _____
(Last) *(First)*

Gender: ☐ Male ☐ Female

DOB/Age: _____ Collection Date: _____
(MM/DD/YYYY) *(MM/DD/YYYY)*

Describe Specimen: _____

_____

☐ Bacteria ☐ Fungi ☐ Virus ☐ Parasite

Biochemical Reactions (if applicable): Growth at ☐25°C ☐37°C

	+	--		+	--		+	--
Gram stain	☐	☐	Oxidase	☐	☐	Colistin (R)	☐	☐
Motility	☐	☐	Catalase	☐	☐	Indole	☐	☐
Hemolysis	☐	☐	Urease	☐	☐	B-lactamase	☐	☐

Suspected Select Agent: _____

NOTE: An NJDOH approval (case) number is required for testing to proceed. To obtain case numbers for clinical specimens, call CDS at 609-826-5964, Mon.-Fri., 8:00 AM to 5:00 PM; 609-392-2020 all other times.

ENVIRONMENTAL/OTHER SAMPLES

NJDOH PHILEP Case Number: _____

Lab Accession Number:
(Lab Use Only) _____

Name of Requesting Agency/Institution: _____

_____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Sample Collected By: _____

Collection/Pickup Site: _____

Collection Date & Time: _____ / _____ ☐AM ☐PM
(MM/DD/YYYY)

Describe Sample: _____

_____

Analysis Requested (Suspected Select Agent): _____

_____

NOTE: Environmental samples that test negative for Select Agents must be retrieved by a local or state law enforcement officer 30 days after result notification. Samples that are not claimed after 30 days will be destroyed.

I, _____ *(submitter signature)*

acknowledge this statement on _____ *(MM/DD/YYYY)*

NOTE: For environmental samples call PHILEP at 609-341-2008, Mon.-Fri., 8:00 AM to 5:00 PM; 609-392-2020 all other times.

CHAIN OF CUSTODY

Relinquished by (Print)	Date	Time	Received by (Print)
X _____	_____	_____	X _____
X _____			X _____
Relinquished by (Signature)			Received by (Signature)
X _____	_____	_____	X _____
X _____			X _____
Relinquished by (Signature)			Received by (Signature)
X _____	_____	_____	X _____
X _____			X _____
Relinquished by (Signature)			Received by (Signature)
X _____	_____	_____	X _____
X _____			X _____
Relinquished by (Signature)			Received by (Signature)