**IMPORTANT**: All sample/specimen submitters must email a copy of the completed LAB-5 form to DOH-BTEPI-PHEL@doh.nj.gov prior to shipment in addition to the required hard copy. Specimens must be pre-approved by the Communicable Disease Service (609-826-5964) prior to submission. Additional sheets or documentation may be attached if needed.

PHEL Use Only

**BT-H**

**CDRSS Case number:**

**Name of requesting agency/institution:**

Address:

City:

Zip:

State:

Fax:

Phone:

Email:

Name of Submitter:

Specimen/sample collected by**:**

Collection pickup site:

Time:

Collection Date:

**Date shipped to PHEL:**

**Attending Physician:**

Physician address:

Physician Email:

**Physician Phone:**

**SPECIMEN INFORMATION:**

**Suspected agent(s):**

[ ] *Bacillus anthracis* [ ]  *Francisella tularensis*

[ ] *Brucella* spp. [ ] Orthopox

[ ] *Burkholderia* spp. [ ] *Yersinia pestis*

[ ] *Coxiella burnetii* [ ] Antibiotic resistant isolate

[ ] *Ebola* Virus [ ]  Other:

**Type of specimen/sample:**

[ ] Culture-Bacteria [ ]  Whole Blood

[ ] CSF [ ] Serum [ ] Urine

[ ] Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PATIENT INFORMATION:**

Patient Name:

DOB/Age:

Sex: [ ] M [ ] F

Travel in the past 6 months (locations & dates):

Date of symptom onset:

Pregnancy status at onset (trimester): [ ] 1st [ ] 2nd [ ] 3rd [ ] N/A

Is the patient hospitalized? [ ] Yes [ ] No

Is the patient alive? [ ] Yes [ ] No

Did the patient experience skin lesions? [ ] Yes [ ] No

Lymphadenopathy? [ ] Yes [ ] No

Dyspnea? [ ] Yes [ ] No

Fever? [ ] Yes [ ] No

Were there any positive blood cultures? [ ] Yes [ ] No

Other signs/symptoms:

**Were any specimens handled outside of a biosafety cabinet?**

 [ ]  **Yes** [ ]  **No**

**Biochemical Information (bacterial isolates):**

Gram positive [ ] Yes [ ] No

 Large rods [ ] Yes [ ] No

Gram negative [ ] Yes [ ] No

 [ ]  Coccobacilli [ ] Rods [ ] Curved

Rapid growth on blood agar [ ] Yes [ ] No

Poor growth after 24h [ ] Yes [ ] No

Growth on MacConkey Agar [ ] Yes [ ] No

Lactose fermentation [ ]  Yes [ ]  No

Hemolytic [ ] Yes [ ] No

Motile [ ] Yes [ ] No

Oxidase positive [ ] Yes [ ] No

Catalase positive [ ] Yes [ ] No

Urease positive [ ] Yes [ ] No

Indole negative [ ] Yes [ ] No

Satellite negative [ ] Yes [ ]  No

β-lactamase positive [ ] Yes [ ] No

Antibiotic Resistant [ ]  Yes [ ]  No

 [ ]  Colistin [ ]  Polymixin B [ ]  Penicillin [ ]

Growth Temperatures [ ]  25°C [ ]  37°C [ ]  42°C

**Culture Description:**

**Colony Morphology (if applicable): Check all that apply**

|  |
| --- |
| **Growth medium used:** [ ]  BAP [ ]  CHOC [ ]  MAC [ ]  EMB [ ]  Other:       |
| **Time of growth when observation took place:** **hours** |
| **Form** |       | **Margin** |       |
| **Elevation** |       | **Color** |       |

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☐ **REJECTED:** (PHEL Use Only)

 ☐ Improper package ☐Unannounced ☐No case number ☐ Improper documentation ☐ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CHAIN OF CUSTODY (Required for suspected Select Agents)**

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relinquished by (Print) Date: \_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_ Received by (Print)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Relinquished by (Signature) Received by (Signature)

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Relinquished by (Signature) Received by (Signature)