**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** |  |

.

☐ **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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Relinquished by (Signature) Received by (Signature)

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

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

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

Relinquished by (Signature) Received by (Signature)

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

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

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

Relinquished by (Signature) Received by (Signature)

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

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

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

Relinquished by (Signature) Received by (Signature)