

# REQUEST FOR BACTERIAL CULTURE OR PARASITE IDENTIFICATION

New Jersey Department of Health  
Public Health and Environmental Laboratories  
3 Schwarzkopf Drive | Ewing, NJ 08628  
<https://www.nj.gov/health/phel/>

State Lab ID No.

Note: Shaded boxes are for official use only

ENTER ALL INFORMATION LEGIBLY AND COMPLETELY TO AVOID PROCESSING DELAYS!

## Patient Information

Patient Name ( First, Last, MI) (Must <u>exactly</u> match the name on the specimen)				Sex Male Female Unknown		Date of Birth		CDRSS Number		Outbreak # E-	
Patient Address Line 2				City		State		Zip Code		Telephone #	
Ethnicity Hispanic or Latino Non-Hispanic or Non-Latino Unknown			Race White Black or African American Asian American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander Other Unknown								
Travel Information History of recent international travel? Yes No Unknown Where (countries): Dates of Travel: to				Pregnancy Status Pregnant Not Pregnant Not Applicable Unknown		Hospitalization Status Inpatient Outpatient Emergency Department Unknown		ICU Yes No Unknown		Admission Date	
Symptom Onset Date		Pertinent Clinical Information (brief history, clinical findings, relevant lab data. Attach documents if needed)									

Relevant Treatment: Date:				Relevant Immunizations: Date: (Attach documents if needed)							
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## Submitter Information

Submitting Facility/Laboratory Information				Requesting Physician Information			
Facility Name				Physician First Name Physician Last Name			
Submitter Address Line 2				Physician Address Line 2			
City		State Zip Code		City		State Zip Code	
Submitter Contact Name (First, Last, MI)				Contact Name (First, Last, MI)			
Contact Telephone #		Contact Fax #		Contact Telephone No.		Contact Fax #	
Email Address		Patient ID #		Email Address		Patient ID #	

## Specimen Information

Specimen ID		Collection Date:		Time:		AM PM		ΠΡΟΫΠΑΡΟΥΣΑ ΟΥΟΟ	
Material Submitted		Isolate		Original Material		Slide Other:			
Specimen Source Type		Blood		Stool		Swab CSF Aspirate Other:			
Specimen Source Site (arm, nasopharynx, joint, etc.)									
Suspected Organism(s)								ΟΔΕ/ΟΒΝΤ ΟΑ ΥΟΟΟΑΧΟΟ	
Previous Laboratory Tests Conducted/Results (Attach Copy of Test Results)									
Test(s) Requested:									
Serotyping/Serogrouping: Enterics: Parasitology: Antimicrobial Resistance: H. influenzae Salmonella Yersinia Blood Smear – AR Surveillance N. meningitidis Shigella Vibrio Morphologic ID: C. auris* Other*: Listeria Malaria Babesia Other*: Shiga Toxin Producing E. coli Other*: Other*:									
Reference Laboratory*: Specify Laboratory and Test									
* Specimen submission requires prior approval (See Instructions)									

# INSTRUCTIONS FOR COMPLETING THE BACT-109 FORM

*Please direct clinical or epidemiological questions to the NJ Communicable Disease Service and specimen submission or laboratory questions to the NJ Public Health Laboratory.*

## **For All Test Requests:**

1. Complete a separate form for each specimen.
2. Provide all information requested on the form.
3. Specimens should be labeled with two (2) identifiers (e.g., patient name, date of birth, other unique patient ID).
4. Should you need additional space, please submit a separate sheet of paper that includes patient name and date of birth.
5. Specimen and BACT-109 identifiers must match EXACTLY.
6. Specimens may be rejected, and testing will be delayed if information is missing, incomplete, or inaccurate.
7. Please include a copy of any available laboratory test results

## **For Bacterial Isolates:**

- Submit fresh (24-48 hour) cultures on SBA, TSA or Chocolate agar slants.
- Ship at room temperature.
- Do not submit plates.
- Ship isolates as soon as they are identified and do not batch.

## **Shiga Toxin Producing *E. coli* (STEC):**

- Submit fresh 24-hour STEC broths.
- Ship at room temperature.
- Ship these broths as soon as they are identified.
- Broths should be stored at 4°C prior to submission.

## **Parasitology:**

- For blood parasites, submit fresh EDTA whole blood, stained and unstained smears.
- Ship at room temperature.
- Blood and slides should be stored at room temperature prior to submission.
- Indicate any preliminary observations and provide travel history.

## **\*Tests Requiring Prior Approval:**

*Please contact the Communicable Disease Service at (609) 826-5964 for tests requiring prior approval:*

- *C. auris* testing.
- Any test designated on the Bact-109 as "other".
- Any test that will be sent through the state laboratory to a reference laboratory (e.g., CDC, Wadsworth) with the exception of parasites.

*For all parasites other than Malaria and Babesia, please contact the NJ Public Health Laboratory for approval at (609) 530-8554.*

**Package and Ship** all specimens according to USDOT Hazardous Materials Transport regulations 49 CFR parts 171-178. Package and ship all Category A infectious substances following USDOT 49 CFR 173.196. Package and ship all Category B infectious substances following the USDOT 49 CFR 173.199. Overnight deliveries are accepted Tuesday through Friday 8:30 am to 3:30 pm; except state holidays. Ground deliveries are accepted Monday through Friday 8:30 am to 3:30 pm; except state holidays. For further questions regarding packaging and shipping please contact PHEL Receiving at (609) 530-8387. Please find link to the state courier service here: <https://www.nj.gov/health/phel/>.

## **Ground deliveries should be made to:**

New Jersey Public Health and Environmental Laboratories

Specimen Receiving Unit

3 Schwarzkopf Drive

Ewing, NJ 08628

BACT-109

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