New Jersey Department of Health,
Public Health and Environmental Laboratories

REQUEST FOR TESTING OF CLINICAL SPECIMENS FOR SUSPECTED PATHOGENS OF PUBLIC HEALTH SIGNIFICANCE AND CHAIN OF CUSTODY

PHEL Use Only

BT-H

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.

CDRSS Case number: _____

Name of requesting agency/institution:

_____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Name of Submitter: _____

Specimen/sample collected by: _____

Collection pickup site: _____

Collection Date: _____ Time: _____

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: _____

Sex for Clinical Purposes: ☐ M ☐ F ☐ U **DOB/Age:** _____

Ethnicity: (Select One)

Race: (Select One)

Gender Identity: (Select One)

Sexual Orientation: (Select One)

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________________________________ Relinquished by (Print) Date: __________ Time: _________ X___________________________________ Received by (Print)

X________________________________ Relinquished by (Signature) X___________________________________ Received by (Signature)

X________________________________ Relinquished by (Print) Date: __________ Time: _________ X___________________________________ Received by (Print)

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INSTRUCTIONS FOR COMPLETING THE "REQUEST FOR TESTING OF CLINICAL SPECIMENS FOR SUSPECTED PATHOGENS OF PUBLIC HEALTH SIGNIFICANCE AND CHAIN OF CUSTODY" FORM

If completing a printed copy of this form, please use the following legend to fill in the "Patient Information" section. Please write the option exactly as it appears below:

Sexual Orientation

Lesbian
Gay
Straight
Bisexual
Unknown
Decline to answer
Something Else

Gender Identity

Male
Female
Transgender Male (TM)/Female to Male
Transgender Female (TF)/Male to Female
Genderqueer/Non-Binary
Decline to Answer
Other

Ethnicity

Hispanic or Latino
Not Hispanic
Unknown

Race

American Indian or Alaskan Native
Asian
Black or African American
Native Hawaiian or Other Pacific Islander White
Other Race