



New Jersey Department of Health, Public Health and Environmental Laboratories
REQUEST FOR TESTING SUSPECTED PATHOGENS OF PUBLIC HEALTH SIGNIFICANCE
AND CHAIN OF CUSTODY

IMPORTANT: All sample/specimen submitters must email an encrypted copy of the completed LAB-5 form to BTRL@doh.nj.gov, or fax a copy to 609-530-8542 prior to shipment in addition to the required hard copy. Clinical specimens must be pre-approved by the Communicable Disease Service (609-826-5964) prior to submission.

Clinical specimen Environmental sample

NJDOH approval number:

Lab accession number: BT- (Lab Use Only)

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:

SPECIMEN INFORMATION:

Suspected agent(s):

- Multiple agents Francisella tularensis
Bacillus anthracis Ricin or Ricinus communis
Brucella spp. Orthopox
Burkholderia spp. Yersinia pestis
Clostridium botulinum Arbovirus
Coxiella burnetii Antibiotic resistant isolate
Filovirus (Ebola) Other:

Type of specimen/sample:

- Bacteria Fungus Virus Toxin Food Blood
Fecal Tissue CSF Acute serum Conv. serum
Urine Environmental (powder) Other

Sample Description:

FOR CLINICAL SPECIMENS ONLY:

Attending Physician:

Physician address:

Email:

Patient Name:

Sex: M F DOB/Age:

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

Beta-lactamase positive Yes No

Antibiotic Resistant Yes No

Colistin Polymixin B Penicillin

Growth Temperatures 25C 37C 42C





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FOR CLINICAL SPECIMENS ONLY:

Colony Morphology (if applicable): Check all that apply

Growth medium used: <input type="checkbox"/> BAP <input type="checkbox"/> CHOC <input type="checkbox"/> MAC <input type="checkbox"/> EMB <input type="checkbox"/> Other:			
Time of growth when observation took place: hours			
Form		Margin	
Elevation		Color	

FOR ENVIRONMENTAL SAMPLES ONLY

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 866-341-9788 or 609-341-4973, Mon.-Fri., 8:00 AM – 5:00 PM or email hccdutyoofficer@njlincs.net .

FOR PHEL USE ONLY

Recommended PPE Level Low Medium High
 Recommended BSC Class II A2 Class II B2

REJECTED:

Improper package Unannounced No case number
 Improper documentation Other _____

CHAIN OF CUSTODY (Required only 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)
X _____ Relinquished by (Signature)		X _____ Received by (Signature)
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)
X _____ Relinquished by (Signature)		X _____ Received by (Signature)