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

PATIENT INFORMATION:

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

□ Cocccobacilli  □ 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

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.
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Culture Description: 

Colony Morphology (if applicable): Check all that apply

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<tr>
<th>Growth medium used:</th>
<th>BAP</th>
<th>CHOC</th>
<th>MAC</th>
<th>EMB</th>
<th>Other:</th>
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<td>Time of growth when observation took place: hours</td>
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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________________________________ Relinquished by (Print) Date: ________ Time: ________ Received by (Print)
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LAB-05 Clinical