



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: 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





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

Culture Description: _____

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	

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)	
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)	