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| (SPL Use Only) | SPL Case # |
|----------------|------------|

USAMRIID \* Special Pathogens Laboratory \* 1425 Porter St. \* Fort Detrick, MD \* 301-619-3318/4738

## Testing and Submission Form

|   |                               |
|---|-------------------------------|
| <b>PATIENT INFO (Clinical samples only)</b> | <b>ORDERING FACILITY INFO</b> |
|---|-------------------------------|

|                       |                          |
|-----------------------|--------------------------|
| Last name:            | Name:                    |
| First name:           | MI:                      |
| Address:              | Address:                 |
| City:                 | City:                    |
| St:                   | St:                      |
| Zip:                  | Zip:                     |
| Patient ID #:         | Ordering Physician:      |
| DOB:                  | Phone:                   |
| mm/dd/yyyy            | Phone:                   |
| Sex: M F U            | Person filling out form: |
| DoD Beneficiary type: | Phone:                   |

### Specimen or Isolate Source Information

|  |   |   |  |
|--|---|---|--|
| <div style="border: 1px solid black; padding: 2px; display: inline-block;">Specimen or Isolate</div> | <p>Blood<br/>EDTA Heparin Na Citrate</p> <p>Serum<br/>acute convalescent</p> <p>Plasma<br/>EDTA Heparin Na Citrate</p> <p>Abscess:<br/>site:</p> <p>Body fluid:</p> | <p>Bone:</p> <p>Bronchial:</p> <p>CSF</p> <p>Sputum<br/>induced expectorated</p> <p>Stool</p> <p>Swab<br/>site:</p> <p>Other:<br/>site:</p> | <p>Tissue Biopsy<br/>site:</p> <p>Urine<br/>Wash Aspirate<br/>site:</p> <p>Wound<br/>site:</p> <p>Other:<br/>site:</p> |
|--|---|---|--|

Environmental Sample Type:

## Test Requested

|  |   |  |
|--|---|--|
| <b>MICROBIOLOGY</b>  | <b>TOXIN</b>  | <b>VIROLOGY</b>  |
| <p><i>Bacillus anthracis</i><br/>Bacterial ID; specify:</p> <p><i>Brucella spp.</i></p> <p><i>Burkholderia mallei</i></p> <p><i>Burkholderia pseudomallei</i></p> <p><i>Clostridium botulinum</i></p> <p><i>Clostridium perfringens</i></p> <p><i>Francisella tularensis</i></p> <p><i>Yersinia pestis</i></p> <p>Other*<br/>specify:</p> <p>Submitting laboratory's<br/>comments:</p> | <p>Botulinum</p> <p><i>C. perfringens</i> epsilon toxin</p> <p>Staphylococcal enterotoxin</p> <p>Ricin</p> <p>Other*<br/>specify:</p> | <p>Virus detection/ID*<br/>Arbovirus<br/>Viral Hemorrhagic Fever</p> <p>MERS-CoV</p> <p>*Orthopox</p> <p>*Monkeypox (2022 Outbreak)</p> <p>COVID-19 (SARS-CoV-2)</p> <p>Other Virus**<br/>specify:</p> |
| <b>OTHER TEST (Contact SPL Prior to Shipping)</b>  |   |  |
| Specify:   |   |  |