



(SPL Use Only)	SPL Case #
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USAMRIID * Special Pathogens Laboratory * 1425 Porter St. * Fort Detrick, MD * 301-619-3318/4738

Testing and Submission Form

PATIENT INFO (if applicable)	FACILITY INFO
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Last name:			Name:		
First name:	MI:	Address:			
Address:		City:	St:	Zip:	
City:	St:	Zip:	Phone:		
Patient ID #:		Primary POC:	Phone:		
DOB: mm/dd/yyyy	Sex: M F U	Person filling out form:		Phone:	

ENVIRONMENTAL INFO (if applicable)

Lab Ref #:	Collection Date: mm/dd/yyyy
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Sample Type:

Specimen or Isolate Source Information					
	Specimen	Isolate			
Lab sample #:	Blood EDTA Heparin Na Citrate		Bone:	Tissue Biopsy	
Collection date: mm/dd/yyyy	Serum acute convalescent		Bronchial: CSF	site: Urine	Aspirate
Collection time: a.m. p.m.	Plasma EDTA Heparin Na Citrate		Sputum induced expectorated	site: Wash	
	Abscess: site:		Stool	site: Wound	
	Body fluid:		Swab site:	Other:	

Test Requested

MICROBIOLOGY	TOXIN	VIROLOGY
<i>Bacillus anthracis</i> Bacterial ID; specify: <i>Brucella spp.</i> <i>Burkholderia mallei</i> <i>Burkholderia pseudomallei</i> <i>Clostridium botulinum</i> <i>Clostridium perfringens</i> <i>Francisella tularensis</i> <i>Yersinia pestis</i> Other;* specify:	Botulinum C. perfringens epsilon toxin Staphylococcal enterotoxin Ricin Other*; specify:	Virus detection/ID;* Arbovirus Viral Hemorrhagic Fever MERS-CoV Orthopox Other Virus;** specify:
OTHER TEST (Contact SPL Prior to Shipping)		
Specify:		

Submitting laboratory's comments:

*Contact SPL before sending.

**SPL will determine testing protocol (culture and/or PCR)