



State of Washington  
 Department of Health  
**PUBLIC HEALTH LABORATORIES**  
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 MTS #1327 CLIA #50D0661453  
[Http://doh.wa.gov/PHLForms](http://doh.wa.gov/PHLForms)

FOR PHL USE ONLY

Lab Number

Date/Time Received

Please Print Clearly

**BIOTERRORISM**

**SUBMITTER**

MAIL RESULTS TO:	AREA CODE & PHONE # ( ) -	COUNTY
	FAX # ( ) -	NAME OF PERSON COMPLETING THIS FORM

**SPECIMEN INFORMATION**

**SPECIFIC AGENT SUSPECTED:**  BACILLUS ANTHRACIS  BRUCELLA SPP.  BURKHOLDERIA MALLEI / PSEUDOMALLEI  COXIELLA BURNETII  
 CLOSTRIDIUM BOTULINUM TOXIN  EBOLA VIRUS  FRANCISELLA TULARENSIS  MERS CoV  NON-VARIOLA ORTHOPOX  ORTHOPOX  
 VARICELLA ZOSTER VIRUS  YERSINIA PESTIS  OTHER (SPECIFY) \_\_\_\_\_

**SPECIMEN TYPE:**  ISOLATE  STOOL  SERUM  BLOOD  PLASMA  CSF  OROPHARYNGEAL  BRONCHIAL WASH  
 SPUTUM  WOUND  URINE  NASOPHARYNGEAL  TISSUE (SPECIFY) \_\_\_\_\_  FLUID (SPECIFY) \_\_\_\_\_  OTHER (SPECIFY) \_\_\_\_\_

DATE COLLECTED	MO	DAY	YR	TIME OF DAY	: AM PM	DATE OF ONSET	MO	DAY	YR	SPECIMEN ID:
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**PATIENT INFORMATION**

(LAST)	(FIRST)	MIDDLE						
ADDRESS	CITY	STATE	ZIP CODE	COUNTY				
MALE <input type="radio"/>	FEMALE <input type="radio"/>	DATE OF BIRTH	MO	DAY	YR	CHART OR PATIENT ID NUMBER	CLINICIAN	CLINICIAN'S PHONE # ( ) -

TEST RESULTS OBTAINED BY :  MALDI  VITEK

**FOR PHL USE ONLY**

**Preliminary Results:**

Date/Time Reported:

**Final Results:**

Date/Time Reported:

**Submitter Comments:**

**PHL Comments:**

**GENERAL INSTRUCTIONS:**

- **PLEASE PRINT LEGIBLY.**
- **Please fill out the requisition form COMPLETELY. Delays in processing the specimen or reporting results may occur if information is incomplete.**
- **Each specimen submitted to the Public Health Laboratories (PHL) must be clearly marked with at least two unique identifiers for positive identification.**
- **Send specimens to the PHL as soon as possible to help ensure valid test results.**
- **All specimens being shipped must meet DOT(Department of Transportation) and US Postal Service regulations. It is the shippers responsibility to ensure that packages being shipped meet these regulations. Specimens mailed with insufficient postage will not be delivered by the Postal Service.**
- **This form replaces:**

Microbiology	<b>Form Number</b> <b>DOH 302-013</b>
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- **Using the incorrect form may delay processing of the specimen.**
- **To obtain additional collection kits, please contact the PHL Mail Room at (206) 418-5579 .**