**Bioterrorism**

**Submitter**

<table>
<thead>
<tr>
<th>MAIL RESULTS TO:</th>
<th>AREA CODE &amp; PHONE #</th>
<th>COUNTY</th>
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<tr>
<th>FAX #</th>
<th>NAME OF PERSON COMPLETING THIS FORM</th>
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**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
- Yersinia pestis
- 2019-nCoV
- Other (Specify) __________

**SPECIMEN TYPE:**
- Isolate
- Stool
- Serum
- Blood
- Plasma
- CSF
- Oropharyngeal
- Bronchial Wash
- Tissue
- Urine
- Nasopharyngeal
- Other (Specify)

**DATE COLLECTED** | **MO** | **DAY** | **YR**
--- | --- | --- | ---

**TIME OF DAY** | **AM** | **PM**
--- | ---

**OF ONSET** | **MO** | **DAY** | **YR**
--- | --- | --- | ---

**SPECIMEN ID:**

**PATIENT INFORMATION**

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>COUNTY</th>
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<tr>
<th>MALE</th>
<th>FEMALE</th>
<th>DATE OF BIRTH</th>
<th>MO</th>
<th>DAY</th>
<th>YR</th>
<th>CHART OR PATIENT ID NUMBER</th>
<th>CLINICIAN</th>
<th>CLINICIAN’S PHONE #</th>
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<tr>
<th>TEST RESULTS OBTAINED BY:</th>
<th>MALDI</th>
<th>VITEK</th>
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**FOR PHL USE ONLY**

Preliminary Results:

Date/Time Reported:

Final Results:

Date/Time Reported:

Submitter Comments:

PHL Comments:

**ATTENTION:** (See Instructions on Reverse Side of Form) DOH 302-018 (01/20)
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 shipper's 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 Form Number DOH 302-013

○ 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.