



Public Health Laboratory

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Supplemental Isolate Submission Form For Select Agents

INSTRUCTIONS: Isolates submitted for Select Agent testing must include this supplemental form and a laboratory requisition form. You must receive verbal authorization from the Public Health Lab prior to sending any isolates. Use one form per isolate. Please print or type your answers.

PATIENT NAME:			CALL TO OCPHL DATE: mm/dd/yy	CALL RECEIVED BY:
HUMAN	MALE	FEMALE	UNKNOWN	SUBMITTING LABORATORY:
ANIMAL	Type of animal:			
DOB: mm/dd/yy	AGE:	COUNTY OF RESIDENCE or ZIPCODE:		SUBMITTING LAB CONTACT NAME:
SPECIMEN SOURCE:				SUBMITTING LAB PHONE NUMBER:
PATIENT STATUS: Inpatient Outpatient Discharged Deceased Unknown Other:				TRAVEL HISTORY: Yes No Unknown Travel Date: mm/dd/yy Location:
DESCRIPTION OF CLINICAL SYMPTOMS:				CONTACT WITH ANIMAL: Yes No Unknown Describe the Animal Contact:
PHYSICIAN:				PHYSICIAN PHONE NUMBER:

DATE SPECIMEN COLLECTED: mm/dd/yy	DATE SPECIMEN INOCULATED: mm/dd/yy	DATE VISIBLE GROWTH SEEN: mm/dd/yy
SUSPECTED ORGANISM(S) TO RULE OUT:		LAB EXPOSURES: Yes No Unknown
MEDIA GROWTH: BAP: CHOC: MAC: Other:	GRAM STAIN: GNCB GPC GNR GPR Variable Pleomorphic Other:	
COLONY MORPHOLOGY DESCRIPTION:		SPORES: Oval Spherical Central Terminal Subterminal None Swelling No Swelling
HEMOLYSIS: Alpha Beta Gamma	ID METHOD: Automated ID Conventional biochemicals MALDI-TOF Susceptibility Sequencing Commercial kit Other:	
SATELLITE: Yes No X V XV NA		
TEMPERATURE:	ATMOSPHERE:	
MOTILITY: Motile Non-Motile	TSI Result:	
METHOD: Wet-Mount Semi-Solid NA		
CATALASE: Positive Negative NA	B-LACTAMASE: Positive Negative NA	
OXIDASE: Positive Negative NA		
UREA: Positive Negative NA	COLISTIN: Sensitive Resistant NA	
INDOLE: Positive Negative NA		
NITRATE: Positive Negative NA	POLYMYXIN B: Sensitive Resistant NA	
ARGININE: Positive Negative NA		
ADDITIONAL NOTES:		