



# 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.

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

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