



Tennessee Department of Health
Division of Laboratory Services
Clinical Select Agent Rule-Out
Submission Requisition

**Place State Lab Accession
Label Here**
(TDH use only)

***Indicates Required Fields**

Final test reports cannot be issued if required information is missing

SPECIMEN COLLECTION INFORMATION

*Last Name:		*First Name:		MI:
*DOB:	*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Ambiguous <input type="checkbox"/> Other <input type="checkbox"/> Unk			Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (_____)				
Address:			Phone Number: ()	
City:	State:	Zip Code:	Outbreak Number:	
*Date of Collection:		*Specimen Type & Source:		*County of Residence:

UNLABELED OR MISLABELED SPECIMENS CANNOT BE TESTED; TWO DISTINCT IDENTIFIERS REQUIRED ON EACH TUBE.

SUBMITTER INFORMATION

*Submitting Facility:		Patient Medical Record Number:	
Address:		Phone Number: ()	Fax Number: ()
City:		State:	Zip Code:
*Ordering Provider:		Phone Number: ()	Fax Number: ()
Sample Collection Facility:		Patient Medical Record Number:	
Address:		Phone Number: ()	Fax Number: ()
City:		State:	Zip Code:
Point of Contact:		Phone Number: ()	Fax Number: ()

***TEST REQUESTED**

NOTIFICATION REQUIRED PRIOR TO SUBMISSION OF SAMPLE

- | | | |
|---|---|--|
| <input type="checkbox"/> <i>Bacillus anthracis</i> | <input type="checkbox"/> <i>Burkholderia pseudomallei</i> | <input type="checkbox"/> <i>Francisella tularensis</i> |
| <input type="checkbox"/> <i>Brucella species</i> | <input type="checkbox"/> <i>Clostridium botulinum</i> | <input type="checkbox"/> <i>Yersinia pestis</i> |
| <input type="checkbox"/> <i>Burkholderia mallei</i> | <input type="checkbox"/> <i>Coxiella burnetii</i> | <input type="checkbox"/> <i>Other</i> _____ |

ADDITIONAL INFORMATION: Please provide the following information with regard to isolates submitted:

Gram Stain Reaction: _____	Additional Comments: _____
Catalase: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Oxidase: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Urease: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Indole: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed	_____
Motility: <input type="checkbox"/> Motile <input type="checkbox"/> Non-Motile <input type="checkbox"/> Not Performed	_____

LABORATORY FACILITIES

<p><u>Nashville Laboratory:</u> 630 Hart Lane, Nashville, TN 37216 Main Line: (615) 262-6300 Bioterrorism Coordinator: (615) 406-3792 Richard Steece, PhD, D(ABMM), Public Health Laboratory Director</p>	<p><u>Knoxville Regional Laboratory:</u> 2101 Medical Center Way, Knoxville, TN 37920 Main Line: (865) 549-5201 George J. Dizikes, PhD, HCLD/CC (ABB), Public Health Laboratory Director</p>
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