



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:	*Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> Unknown			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 container that match information on the requisition.

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"/> Bacillus anthracis | <input type="checkbox"/> Clostridium botulinum toxin | <input type="checkbox"/> Non-Variola Orthopoxvirus |
| <input type="checkbox"/> Brucella species** | <input type="checkbox"/> Coxiella burnetii | <input type="checkbox"/> Orthopoxvirus |
| <input type="checkbox"/> Burkholderia mallei | <input type="checkbox"/> Ebola Zaire/Sudan | <input type="checkbox"/> Yersinia pestis |
| <input type="checkbox"/> Burkholderia pseudomallei | <input type="checkbox"/> Francisella tularensis | <input type="checkbox"/> Other_____ |

** Suspected select agent Brucella species only – B. abortus, B. melitensis, B. suis

ADDITIONAL INFORMATION: Please provide the following information regarding 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>Nashville Central Laboratory: 630 Hart Lane, Nashville, TN 37216 Main Line: (615) 262-6300 Bioterrorism Coordinator: (615) 406-3792 Kara Levinson, PhD, MPH, D(ABMM), Director</p>	<p>Knoxville Regional Laboratory: 2101 Medical Center Way, Knoxville, TN 37920 Main Line: (865) 549-5201 Kara Levinson, PhD, MPH, D(ABMM), Interim Director</p>
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