Tarrant County Public Health Department
North Texas Regional Laboratory
1101 S. Main St.
Forth Worth, TX 76104

Instructions for Submitting Specimens for Biological Agent Testing

Clinical and Laboratory Specimens:

1) Include all information requested on the Clinical and Reference Culture submission form as well as the Patient History form. Samples will only be accepted from hospital and clinical laboratories; no samples will be accepted from the general public.

2) All clinical and laboratory samples submitted for biological agent testing must meet at least two laboratory presumptive criteria which indicate a suspicious biological agent. Please refer to The CDC *Bioterrorism Response Guide for Clinical Laboratories* manual for presumptive criteria.

3) All clinical and reference cultures submitted to Tarrant County Public Health, North Texas Regional Laboratory should be shipped to the laboratory according to Department of Transportation (DOT) or International Air Transport Association (IATA) shipping and packaging regulations for diagnostic or infectious substances.

4) Results of laboratory testing will only be released to the entity submitting the sample.

Please contact The North Texas Regional Laboratory, Bioterrorism Response and Emerging Agents Section for additional information regarding specimen submission.

Tarrant County Public Health
North Texas Regional Laboratory
Bioterrorism Response and Emerging Agents Section

(817) 321-4774

Tarrant County Public Health Department
North Texas Regional Laboratory
BT Response/Emerging Agents Section

BT Lab ID			
Date Received			
Time Received			AM ☐ PM ☐
Received by			

Submission Form- Clinical Specimen and Reference Culture

I. Submitting Agency Information

Date			

Hospital or Laboratory Name	

Location	Address:	City:	State:	Zip code:

Name and Title of person submitting sample	

Contact Information	Phone:	Fax:

II. Patient Information

Patient Name	Last:	Middle:	First:

Date of Birth			

III. Sample Information

Hospital or Clinical Laboratory ID		Date Specimen Taken			

Specimen Origin	☐ Human ☐ Food ☐ Soil ☐ Animal (specify)________________ ☐ Other (specify)______________________
Specimen Submitted is:	☐ Original Material ☐ Pure Isolate ☐ Mixed Isolate
Specific Agent Suspected:	☐ Bacillus anthracis (anthrax) ☐ Yersinia pestis (plague) ☐ Francisella tularensis (rabbit fever) ☐ Burkholderia spp. (Glanders) ☐ Brucella spp. ☐ VZV or Orthopox (vaccinia, variola) ☐ Severe Acute Respiratory Syndrome (SARS) ☐ Coxiella burnetii (Q fever)

Isolation	☐ YES ☐ NO

No. times isolated	

Sample Type or Source: Check applicable type/source	
☐ Feces	☐ Urine
☐ Blood/Serum	☐ Sputum
☐ Skin or wound scrapings	☐ Bone
☐ Bone Marrow	☐ Hair
☐ Cerebrospinal fluid	☐ Organs biopsied/ tissue specimens
☐ Lung Aspirate	☐ Swabs from eyes, skin lesions, or ulcers
☐Bronchial/tracheal swabs	☐ Other, please specify

Submitted On:		
Media	Container Type	Number of containers

IV. Submitting Agency Laboratory Results

Previous laboratory tests and results/ other clinical Information:

☐ Gram Stain Result________________
☐ Oxidase Result________________
☐ Catalase Result________________
☐ Urease Result________________
☐ Motility Result________________
☐ Indole Result________________
☐ Hemolysis Result________________
☐ Other Stains (Specify) Result____________________________

Any other microbiological tests performed on sample and results:

PATIENT HISTORY

Date of Onset: ____/_____/_________

Clinical Symptoms:

Patient Travel History (include Dates):

Mosquito/Tick/other Bites:

Other Information: