



## DPHL PREPAREDNESS CALL LOG FOR RULE OUT ISOLATES

Call-taker: \_\_\_\_\_

Date/Time: \_\_\_\_\_

### IDENTIFICATION

Caller's Name		Transporter name	
Caller's phone no.		Transporter's phone no	
Caller's organization		Anticipated arrival time	
<b>Report results to</b>	<b>Name:</b>	<b>Phone no:</b>	

**LIMS TEST REQUISITION FORM IS MANDATORY. Please provide the following information on the patient (All work on isolate must cease until rule out is complete)**

Patient Name	
Patient Address	
Patient Date of Birth	Sex
<b>STATUS OF ISOLATE:      ___ STAT      ___ testing maybe performed next day</b>	
Date specimen collected	Source
Are there any other specimens on the same patient? Any preliminaries or results on these specimens?	
<p><b>If yes, do not work on specimens that could contain the same possible rule out BT isolate. For reading and testing any cultures from the same patient, even if they are not the same isolate, perform testing under BSC until the above isolate sent to DPHL is ruled out.</b></p>	
Patient Status (if known)	
Any other patients with similar cultures or symptoms?	

### Packaging of isolates for transport to DPHL:

1. In the BSC, seal primary agar plate. Decontaminate, put into transport bag with and add absorbent material. Close bag, decontaminate the outside of the bag.
2. Place that bag into another transport bag, close bag and decontaminate the outside of the bag.
3. Put the double bagged isolate into a leak proof hard container or other 95kPa rated package) with packaging material to prevent breakage. Decontaminate outside of container and remove from BSC.
4. Place a biohazard symbol on the outside of the container and complete to and from addresses with a marker or label.
5. Put LIMS request form into a clear plastic bag and attach to the top of the container.



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### BACTERIAL ISOLATE AND SENTINEL TESTS FOR RULE OUT OR CONFIRMATION

<input type="checkbox"/> <b><i>Bacillus anthracis</i></b>  SBA growth/morphology gram stain hemolysis motility @ TTC (tube) catalase in covered tube under BSC*	<input type="checkbox"/> <b><i>Francisella tularensis</i></b>  SBA growth/morphology CHOC growth/morphology MAC growth/morphology Gram stain urease catalase in covered tube under BSC* oxidase beta-lactamase satellite/XV required
<input type="checkbox"/> <b><i>Brucella spp.</i></b>  SBA morphology/growth MAC morphology/growth gram stain catalase in covered tube under BSC* urease oxidase satellite/XV required	<input type="checkbox"/> <b><i>Yersinia pestis</i></b>  SBA morphology/growth MAC morphology/growth Gram stain catalase in covered tube under BSC* Oxidase Urease Indole
<input type="checkbox"/> <b><i>Burkholderia mallei/Burkholderia pseudomallei</i></b>  SBA growth/morphology SBA @ 42° growth/morphology MAC growth/morphology Gram stain Oxidase Motility (tube) Indole Polymyxin B/colistin/ <i>B.cepacia</i>	<input type="checkbox"/> <b>Other pertinent information?</b>

\*Do not perform catalase test on a glass slide. Contact DPHL for instructions for testing using a glass tube. If uncomfortable conducting catalase test, DPHL will perform testing.