

## DPHL PREPAREDNESS CALL LOG FOR RULE OUT (R/O) ISOLATE (MUST include LIMS Test Requisition Form)-\*see reverse side for R/O testing\*

DPHL Call-taker:		Date/Time:						
Caller's Name			Transporters	name				
Caller's phone no.			Transporter's	s phone no				
Caller's organization			Anticipated a	arrival time				
Report results to	Name:		Phone no:					
Patient Information								
Patient Name								
Patient Address								
Patient Date of Birth	1	1	Sex: M	F				
TEST REQUEST:	STATNext day							
Date specimen collected: / / Source:								
Are there: Other specimens from the same patient? Other preliminary findings or results?								
Yes Warning: (1) Do not work with the other specimen(s) on any open bench!  (2) Label each specimen from patient as "Possible BT Agent"								
Patient Clinical Status (if known)								
Receiving treatment – What kind? From whom?								
Other								
Are there other patients with similar cultures or symptoms? Yes; How many?; No								

## Packaging of isolates for transport to DPHL:

- 1. In the BSC, seal primary agar plate. Decontaminate and put into transport bag with absorbent material. Close bag, decontaminate the outside of the bag.
- 2. Place bag into another transport bag. Close bag and decontaminate outside surface
- 3. Put the double bagged isolate into a leak proof hard container or other 95kPa rated package. Surround 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 fill in the "to" and "from" addresses with a marker or label.
- 5. Put the LIMS Request Form into a clear plastic bag and attach the bag to the top of the bags that have the isolate container.



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

Bacillus anthracis	Francisella tularensis
SBA growth/morphology	SBA growth/morphology
Gram stain	CHOC growth/morphology
Hemolysis	MAC growth/morphology
Motility @ TTC (tube)	Gram stain
Catalase in covered tube under BSC*	Urease
Catalase III covered tube under BSC	Catalase in covered tube under BSC*
	Oxidase
	Beta-lactamase
	Satellite/XV required
	4
Brucella spp.	Yersinia pestis
SBA morphology/growth	SBA morphology/growth
MAC morphology/growth	MAC morphology/growth
Gram stain	Gram stain
Catalase in covered tube under BSC*	catalase in covered tube under BSC*
Urease	Oxidase
Oxidase	Urease
Satellite/XV required	Indole
Burkholderia mallei/Burkholderia pseudomallei	Other pertinent information?
SBA growth/morphology/hemolysis	
SBA @ 42° growth/morphology	
MAC growth/morphology	
Gram stain Oxidase	
Motility (tube)	
Indole	
Polymyxin B or Colistin/B. cepacia or TM	
KB plate for penicillin and amoxicillin/clavulanic acid (Augmentin)	

<sup>\*</sup>Catalase test must be performed in the BSC. Use a small glass tube with parafilm wrapped across the opening of the tube.