



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 (suspected agents of bioterrorism and emerging infectious diseases) must be tested according to the American Society for Microbiology (ASM) Sentinel Level Clinical Laboratory Guidelines. Please refer to the guidelines at:
<http://www.asm.org/index.php/guidelines/sentinel-guidelines>
- 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 <input type="checkbox"/> PM <input type="checkbox"/>
Received by			

Submission Form- Clinical Specimen and Reference Culture

I. Submitting Agency Information

Date			
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Hospital or Laboratory Name	
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Address	Street address:	City:	State:	Zip code:

Name and Title of Person Submitting Sample	
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Contact Information	Phone:	Fax:

II. Patient Information

Patient Name	Last:	Middle:	First:	
Address	Street address:	City:	State:	Zip code:
		County:		

Date of Birth			
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III. Sample Information

Submitter's Specimen ID		Date Specimen Collected			
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Specimen Origin	<input type="checkbox"/> Human <input type="checkbox"/> Animal (specify): _____
Specimen Submitted is	<input type="checkbox"/> Pure Isolate <input type="checkbox"/> Mixed Isolate <input type="checkbox"/> Original Material No. of times isolated: _____
Specific Agent Suspected	Agent: _____

Sample Type or Source	<input type="checkbox"/> Feces <input type="checkbox"/> Urine <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Plasma <input type="checkbox"/> Sputum
	<input type="checkbox"/> Cerebrospinal Fluid (CSF) <input type="checkbox"/> Lung Aspirate <input type="checkbox"/> Bronchial/tracheal swabs
	<input type="checkbox"/> Bone <input type="checkbox"/> Bone marrow <input type="checkbox"/> Hair <input type="checkbox"/> Organ Biopsies <input type="checkbox"/> Tissue Specimens
	<input type="checkbox"/> Skin or Wound Scrapings <input type="checkbox"/> Swabs from Eyes, Skin, Lesions, or Ulcers
	<input type="checkbox"/> Other, Please Specify: _____

	Media	Container Type (plate, slant etc.)	Number of Containers
Submitted on			

IV. Submitting Agency Laboratory Results

Previous laboratory tests and results and other clinical information:

<input type="checkbox"/> Gram stain	Result: _____
<input type="checkbox"/> Oxidase	Result: _____
<input type="checkbox"/> Catalase	Result: _____
<input type="checkbox"/> Urease	Result: _____
<input type="checkbox"/> Motility	Result: _____
<input type="checkbox"/> Indole	Result: _____
<input type="checkbox"/> Hemolysis	Result: _____
<input type="checkbox"/> Other Stains (Specify): _____	Result: _____

PATIENT HISTORY

Date of Onset: ____/____/____

Clinical Symptoms:

Patient Travel History (include Dates):

Mosquito/Tick/other Bites:

Other Information: