

**New Jersey Department of Health and Senior Services, Public Health and Environmental Laboratories
REQUEST FOR TESTING OF SUSPECTED SELECT AGENTS AND CHAIN OF CUSTODY**

CLINICAL SPECIMENS/REFERRED CULTURE

NJDHSS CDS Case Number: _____

PHEL Accession Number
(Lab Use Only): _____

Name of Requesting Agency/Institution: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Name of attending physician: _____

Patient Name: _____

Gender: _____ (Last) _____ (First)
Male Female

DOB or Age: _____ Collection Date: _____
(MM/DD/YYYY) (MM/DD/YYYY)

Describe Specimen: _____

Bacteria	Fungi	Virus	Parasite
Biochemical reactions (if applicable):	Growth at	25°C	37°C
Gram stain	Oxidase	Colistin (R)	
Motility	Catalase	Indole	
Hemolysis	Urease	B-lactamase	

Suspected Select Agent: _____

NOTE: An NJDHSS approval (case) number is required for testing to proceed. To obtain case numbers for clinical specimens, call CDS at 609-826-5964, Mon-Fri., 8:00 AM to 5:00 PM; 609-392-2020 all other times.

ENVIRONMENTAL/OTHER SAMPLES

NJDHSS HIPER Case Number: _____

PHEL Accession Number
(Lab Use Only): _____

Name of Requesting Agency/Institution: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____ Fax: _____

Sample Collected By: _____

Collection/Pick-Up Site: _____

Collection Date & Time: _____ / _____ AM
(MM/DD/YYYY) PM

Describe Sample: _____

Analysis requested (Suspected Select Agent): _____

NOTE: Environmental samples that test negative for Select Agents must be retrieved by a local or state law enforcement officer 30 days after result notification. Samples that are not claimed after 30 days will be destroyed.

I, _____ (submitter signature)

acknowledge this statement on _____ (MM/DD/YYYY)

NOTE: For environmental samples call HIPER at 609-341-2008, Mon-Fri., 8:00 AM-5:00 PM; 609-392-2020 all other times.

CHAIN OF CUSTODY

X _____
Relinquished by (Print):

Date: _____ Time: _____

X _____
Received by (Print):

X _____
Relinquished by (Signature):

X _____
Received by (Signature):

X _____
Relinquished by (Print):

Date: _____ Time: _____

X _____
Received by (Print):

X _____
Relinquished by (Signature):

X _____
Received by (Signature):

X _____
Relinquished by (Print):

Date: _____ Time: _____

X _____
Received by (Print):

X _____
Relinquished by (Signature):

X _____
Received by (Signature):

X _____
Relinquished by (Print):

Date: _____ Time: _____

X _____
Received by (Print):

X _____
Relinquished by (Signature):

X _____
Received by (Signature):