



(SPL Use Only)	SPL Case #
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USAMRIID \* Special Pathogens Laboratory \* 1425 Porter St. \* Fort Detrick, MD \* 301-619-3318/4738

## Testing and Submission Form

**PATIENT INFO (Clinical samples only)**

**ORDERING FACILITY INFO**

Last name:	Name:
First name:	Address:
MI:	City:
Address:	St:
City:	Zip:
St:	Phone:
Zip:	Phone:
Patient ID #:	Ordering Physician:
DOB:	Phone:
mm/dd/yyyy	Person filling out form:
Sex: M F U	
DoD Beneficiary type:	

### Specimen or Isolate Source Information

<b>Specimen or Isolate</b>	<table style="width:100%; border: none;"> <tr> <td style="width:33%;">Blood</td> <td style="width:33%;">Bone:</td> <td style="width:33%;">Tissue</td> </tr> <tr> <td>EDTA Heparin Na Citrate</td> <td>Bronchial:</td> <td>Biopsy</td> </tr> <tr> <td>Serum</td> <td>CSF</td> <td>site:</td> </tr> <tr> <td>acute convalescent</td> <td>Sputum</td> <td>Urine</td> </tr> <tr> <td>Plasma</td> <td>induced expectorated</td> <td>Wash</td> </tr> <tr> <td>EDTA Heparin Na Citrate</td> <td>Stool</td> <td>Aspirate</td> </tr> <tr> <td>Abscess:</td> <td>Swab</td> <td>site:</td> </tr> <tr> <td>site:</td> <td>site:</td> <td>Wound</td> </tr> <tr> <td>Body fluid:</td> <td>Other:</td> <td>site:</td> </tr> </table>	Blood	Bone:	Tissue	EDTA Heparin Na Citrate	Bronchial:	Biopsy	Serum	CSF	site:	acute convalescent	Sputum	Urine	Plasma	induced expectorated	Wash	EDTA Heparin Na Citrate	Stool	Aspirate	Abscess:	Swab	site:	site:	site:	Wound	Body fluid:	Other:	site:	
Blood	Bone:	Tissue																											
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Abscess:	Swab	site:																											
site:	site:	Wound																											
Body fluid:	Other:	site:																											
Lab sample #:																													
Collection date:																													
mm/dd/yyyy																													
Collection time:	a.m. p.m.																												
Environmental Sample	Type:																												

### Test Requested

**MICROBIOLOGY**

*Bacillus anthracis*  
 Bacterial ID; specify:  
*Brucella spp.*  
*Burkholderia mallei*  
*Burkholderia pseudomallei*  
*Clostridium botulinum*  
*Clostridium perfringens*  
*Francisella tularensis*  
*Yersinia pestis*  
 Other\*  
 specify:

**TOXIN**

Botulinum  
 C. perfringens epsilon toxin  
 Staphylococcal enterotoxin  
 Ricin  
 Other\*  
 specify:

**VIROLOGY**

Virus detection/ID\*  
 Arbovirus  
 Viral Hemorrhagic Fever  
 MERS-CoV  
 Orthopox  
 COVID-19 (SARS-CoV-2)  
 Other Virus\*\*  
 specify:

**OTHER TEST (Contact SPL Prior to Shipping)**

Specify:

Submitting laboratory's comments: