



**CORPUS CHRISTI NUECES COUNTY PUBLIC HEALTH DISTRICT LABORATORY**  
**1702 HORNE RD, P.O. Box 9727 (78469-9727)**  
**CORPUS CHRISTI, TEXAS 78416**  
**Phone: 361-851-7213, Fax: 361-851-7217**

**SELECT AGENT SPECIMEN RULE-OUT REQUISITION AND CHAIN OF CUSTODY**

**SECTION 1: SENTINEL LABORATORY SUBMITTER INFORMATION**

Facility Name:		Address:	
City:		State:	Zip code:
Laboratory Contact Person:		24/7 Phone:	
Phone:	Fax:	Email:	
Physician Contact:		24/7 Phone:	

**SECTION 2: SPECIMEN IDENTIFICATION**

Patient ID#:	Patient SSN:	Patient DOB: ____/____/____
Date of Collection:		Time of Collection:
Specimen collector's initials:	Date of onset:	Outbreak/Event association:
<b>Specimen Source or Type:</b> <input type="checkbox"/> Abscess (site) _____ <input type="checkbox"/> Blood, Whole <input type="checkbox"/> Plasma <input type="checkbox"/> Serum: Acute date: ____/____/____ Convalescent date: ____/____/____ <input type="checkbox"/> Bronchial washings <input type="checkbox"/> CSF <input type="checkbox"/> Eye <input type="checkbox"/> Feces/stool <input type="checkbox"/> Gastric		<b>Reference Culture:</b> <input type="checkbox"/> Bacterial <input type="checkbox"/> Viral Age of culture (hr): _____  Suspected organism or chemical agent: _____ Medium submitted on: _____ Rule-out: _____  <b>Test Requested:</b> <input type="checkbox"/> BT Panel <input type="checkbox"/> CT Panel
<input type="checkbox"/> Lesion (site) _____ <input type="checkbox"/> Lymph node (site) _____ <input type="checkbox"/> Nasopharyngeal <input type="checkbox"/> Rectal Swab <input type="checkbox"/> Sputum <input type="checkbox"/> Throat Swab <input type="checkbox"/> Tissue (site) _____ <input type="checkbox"/> Urine <input type="checkbox"/> Vaginal <input type="checkbox"/> Wound (site) _____ <input type="checkbox"/> Other: _____		

**SECTION 3: CHAIN OF CUSTODY**

<b>Specimen packaged as infectious substance:</b> Y N	Printed Name:
Date and Time Packaged:	Signature:
<b>Transported to LRN by:</b>	Printed Name:
Date and Time:	Signature:
<b>Specimens received by LRN:</b>	Printed Name:
Packaged correctly: <input type="checkbox"/> Yes <input type="checkbox"/> No, Rejected	Signature:
Date and Time:	
Condition: <input type="checkbox"/> Room temp <input type="checkbox"/> Cold <input type="checkbox"/> Frozen	
<b>Results reported to CDC/DSHS/LHA:</b>	Printed Name:
Date and Time:	Signature:
<b>Specimens secured, held for law enforcement:</b>	Printed Name:
Date and Time:	Signature:
<b>Specimens destroyed or transferred to law enforcement:</b>	Printed Name:
<input type="checkbox"/> destroyed <input type="checkbox"/> transferred	Signature:
Date and Time:	
<b>Received by law enforcement:</b>	Printed Name:
Agency:	Signature:
Date and Time:	

**\*\*Submitter MUST complete all white sections, LRN and law enforcement complete shaded fields.\*\***

## CHAIN OF CUSTODY continued.

**Case #** \_\_\_\_\_ **Patient ID#** \_\_\_\_\_ **Event Association** \_\_\_\_\_

Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)		
Agency:		
Comment:		
Sample Description:		
Additional Comments, Instructions or Reason for Rejection:		

Attach additional pages as required.

## Specimen Requisition Form Instructions

Sentinel laboratories are expected to follow Centers for Disease Control (CDC) Laboratory Response Network (LRN) rule-out protocols. Isolates in which a biothreat (BT) agent cannot be ruled-out should be submitted to an LRN laboratory for further testing. Sentinel laboratories not capable of completing rule-out protocols should submit clinical specimens for testing to the LRN. See Appendix A for contact information.

*Immediately notify the LRN when a Category A. BT agent has been presumptively identified and isolated at your facility.* Category A. BT agents are listed in Appendix B with specimen type collection procedures, transport and storage conditions. Inoculate isolates on agar slants or place in transport medium to maintain viability through transport to the LRN.

**ALL SPECIMENS MUST BE PACKAGED IN ACCORDANCE WITH THE MOST CURRENT UNITED STATES DEPARTMENT OF TRANSPORTATION (DOT) REGULATIONS. ONLY INDIVIDUALS TRAINED TO PACKAGE AND SHIP INFECTIOUS SUBSTANCES SHOULD PREPARE SPECIMENS FOR TRANSFER TO AN LRN LABORATORY.**

**Submitters must complete all white fields.** Please type or print neatly and sign as indicated on the form.

### SECTION 1. Sentinel Laboratory Submitter Information

**All submitter information is required.** Preprinted labels may be used to complete this section. Provide the *name and 24/7 contact phone number* for both the laboratory contact and physician of record. Also indicate the *telephone number, email and fax number* of the person to contact at the submitting facility in case LRN personnel need additional information about the specimen/isolate.

### SECTION 2. Specimen Identification

A Specimen Requisition form **must** accompany each specimen. The *patient identification number (ID#), social security number (SSN) and date of birth (DOB)* listed on the form **must match** the specimen label. **These three identifiers must match the fields listed in Section 2 or the specimen may be rejected.**

Indicate the *Date and Time of Collection* and the *Specimen collector's initials*. Maintain a list of names with corresponding collector's initials in the sentinel laboratory to enable law enforcement officials to trace the specimen back to the collector if necessary.

**If the *Date and Time of Collection* and *Specimen Collector's Initials* fields are not complete, the specimen will be rejected.**

Include the *Date of Onset* of symptoms and the *Outbreak/Event Association* if known. Indicate the *Source or Type of specimen*. Indicate the *Type and Age of Culture*, the *Organism or Chemical Agent Suspected*, *Medium* the isolate is *Submitted on or in* and the *Organism(s) to be Ruled-Out*. Indicate the *Test Requested*, *Biothreat (BT)* panel or *Chemical Threat (CT)* panel to be performed.

### SECTION 3. Chain of Custody

All persons who come in contact with a specimen being submitted to the LRN **must** document their involvement with that specimen. Indicate the *Date and Time* the specimen(s) was packaged as an infectious substance or diagnostic specimen according to DOT regulations. See Appendix C for an

C:\Documents and Settings\DonnaR.CCPD1\Desktop\chain of custody ccncphd lrn clinical.doc

example. The individual who packaged the specimen(s) must *Print and Sign* their name on the requisition once the package is ready for transport.

The Sentinel laboratory should preserve the original specimens, cultures and subcultures pursuant to a potential criminal investigation. Secure all specimens with evidence tape as instructed in Appendix D. In addition keep a copy of the Specimen Requisition and Chain of Custody documentation.

*Notify the LRN laboratory when specimens are ready for transport.* The laboratorian will instruct you where to ship the specimens if they are to be sent directly to Department of State Health Services (DSHS) or CDC instead of to the LRN. The LRN also will coordinate with the Federal Bureau of Investigation (FBI) or local law enforcement to secure transport and storage of all specimens to be preserved for possible criminal investigation.

**Only blood and urine specimens will be accepted for CT analysis. Collect and secure specimens as described in Appendix C. Complete Sections 2-3, package specimens as diagnostic and notify the DSHS CT coordinator. Upon instruction, ship specimens overnight to DSHS for CT analysis.**

If specimens are to be transported by courier directly to the local LRN, provide the *company name, individual's name and a phone number of the courier* to the LRN laboratorian. On the Chain of Custody indicate the *Date and Time* and *company name of the courier transporting specimens to the LRN*. The courier **must print and sign** their name in the corresponding field.

The chain of custody can be continued on the back of requisition if additional space is necessary. Complete all fields. Sentinel laboratories should limit individuals who handle these specimens and restrict release of information regarding the specimens for reasons of safety and security.

### Reporting of Results

The LRN must first notify the Local Health Authority (LHA), DSHS and CDC, and the FBI of patient results. The LRN will report results to the *Physician* and the *Laboratory Contacts* listed on the requisition once approved to do so by the appropriate authorities. The LRN or FBI may give additional instructions to the *Sentinel Laboratory Contact* to follow pursuant to a criminal investigation.

### Sentinel Laboratory Transport Options

The LRN will provide packaging and shipping protocols, shipping containers, and assistance with locating an approved transport provider. Each Sentinel Lab is responsible for developing a plan for submitting samples outside of routine work hours. Shipping costs will fall on the Sentinel Lab however the LRN will assist with this expense whenever possible. An account should be set up prior to use. Options available to the submitter are listed here:

1. **FedEx**– 1-800-GOFEDEX for details.
2. **Regional Courier Services** – Courier services that your facility currently uses **MUST** be approved by DOT for delivery of dangerous goods or infectious substances. The *responsibility falls on the shipper* to ensure proper and safe transport of the package.

**Appendix A: LRN 24/7 Contact Information**

<b>City/County</b>	<b>Name</b>	<b>Position</b>	<b>Office Phone</b>	<b>Email Address</b>	<b>24/7 Phone</b>
Austin, DSHS	Rahsaan Drumgoole	BT Coordinator	512-458-7185	Rahsaan.Drumgoole@dshs.state.tx.us	512-689-5537
	Valerie Turner	CT Coordinator	512-458-7111 ext.2715	Valerie.Turner@dshs.state.tx.us	512-689-9945
	Dan Bost	Emergency Preparedness Branch Manager	512-776-6171	Dan.Bost@dshs.state.tx.us	512-689-5537
Corpus Christi	Ashley Cox	BT Coordinator	361-826-7214	ashleyc@cctexas.com	361-533-3500
	Donna Rosson	Laboratory Manager	361-826-1323	donnar@cctexas.com	361-533-3499
Harlingen/South Texas	Kristina Zamora	BT Coordinator	956-430-0757	Kristina.Zamora@dshs.state.tx.us	956-454-4387

The Corpus Christi LRN is the primary contact for following Texas counties during a BT or CT event:

- Aransas
- Bee
- Calhoun
- Goliad
- Jackson
- Jim Wells
- Kleberg
- Live Oak
- Refugio
- San Patricio
- Victoria

The Harlingen/South Texas LRN provides regional service and Austin provides service at the state level and reference testing for the local LRN. Contact the region or state laboratory for additional information or assistance if the local contact is unavailable.

## Appendix B

Table of specimen type collection procedures, transport and storage conditions

Disease (Agent)	Specimen Selection		Transport Conditions	Storage Conditions
<i>Anthrax (Bacillus anthracis)</i>	Cutaneous	<b>Vesicular stage:</b> Collect fluid on sterile swab(s). The organism is best demonstrated in this stage.	≤ 2 h/ room temp.	≤ 24 h/ room temp
		<b>Eschar stage:</b> Without removing schar, rotate and collect lesion material.	≤ 2 h/ room temp.	≤ 24 h/ room temp
	Gastrointestinal	<b>Stool:</b> Collect 5-10 g. in sterile, leakproof container.	≤ 1 h/ room temp.	≤ 24 h/ 4 C
		<b>Blood:</b> Collect per institution's procedure for routine blood culture.	≤ 2 h/ room temp.	Delayed entry may depend on instrument
	Inhalation (Pulmonary)	<b>Sputum:</b> Collect expectorated specimens into a sterile, leakproof container.	≤ 1 h/ room temp.	≤ 24 h/ 4 C
		<b>Blood:</b> Collect per institutions procedure for routine blood culture.	≤ 2 h/ room temp.	Delayed entry may depend on instrument
Botulism ( <i>Clostridium botulinum</i> , botulinum toxin/botox)	Intentional release	<b>Food sample:</b> Ship in original container according to the manufacturers storage conditions and will only be tested if associated with a patient who has tested positive for botulism	0-4 C	≤ 4 C
		<b>Stool:</b> Collect 10-50g (adult) and > 5g (infant). Shipped cold on cold packs by overnight courier	0-4 C	≤ 4 C
		<b>Serum:</b> Collect 10ml-min. (adult) and not recommended for infants. Whole blood not acceptable. Ship cold on cold packs.	0-4 C	≤ 4 C
		<b>Wound:</b> Collect tissue from biopsy or swab from deep in the wound. Ship in an anaerobic atmosphere.	0-4 C	≤ 4 C
Plague ( <i>Yersinia pestis</i> )	Pneumonic	<b>Sputum/throat:</b> Collect routine throat culture using a swab or expectorated sputum collected into sterile, leakproof container.	≤ 2 h/ room temp.	≤ 24 h/ room temp
		<b>Brochial/tracheal wash:</b> Collect per institution's procedure in a area dedicated to collecting respiratory specimen under isolation/containment circumstance, i.e, isolation chamber "bubble"	≤ 2 h/ room temp.	≤ 24 h/ room temp
		<b>Blood:</b> Collect per institution's procedure for routine blood culture	≤ 2 h/ room temp.	Delayed entry may depend on instrument

Disease (Agent)	Specimen Selection		Transport Conditions	Storage Conditions
Tularemia ( Francisella, tularensis)	Pneumonic	<b>Sputum/throat:</b> Collect routine throat culture using a swab or expectorated sputum collected into sterile, leakproof container.	≤ 2 h/ room temp.	≤ 24 h/ 4 C
		<b>Brochial/tracheal wash:</b> Collect per institution's procedure in a area dedicated to collecting respiratory specimen under isolation/containment circumstance, i.e, isolation chamber "bubble"	≤ 2 h/ room temp.	≤ 24 h/ 4 C
		<b>Blood:</b> Collect per institution's procedure for routine blood culture	≤ 2 h/ room temp.	Delayed entry may depend on instrument
Smallpox (Variola virus)	Rash	<b>Biopsy specimen:</b> Aseptically place two to four portions of tissue into a sterile, leakproof, freezable container.	~1 h/4 C	-20 C to -70 C
		<b>Scabs:</b> Aseptically place scrapings/material into a sterile, leakproof, freezable container.	~6 h/ 4 C	-20 C to -70C
		<b>Vesicular fluid:</b> Collect fluid from separate lesions onto separate sterile swabs. Be sure to include cellular materials from the base of each respective vesicle.	~2 h/ room temp	< 4 C
Viral hemorrhagic fever		<b>Serum:</b> Collect 10-12 cc of serum (additional specimen handling protocols are still under development)	~2 h/ room temp.	≤ 4 C

**Appendix C.** Examples of appropriate packaging materials for shipping Category A and B Biological Specimen

Diagram of a triple packed parcel containing a Category B specimen.

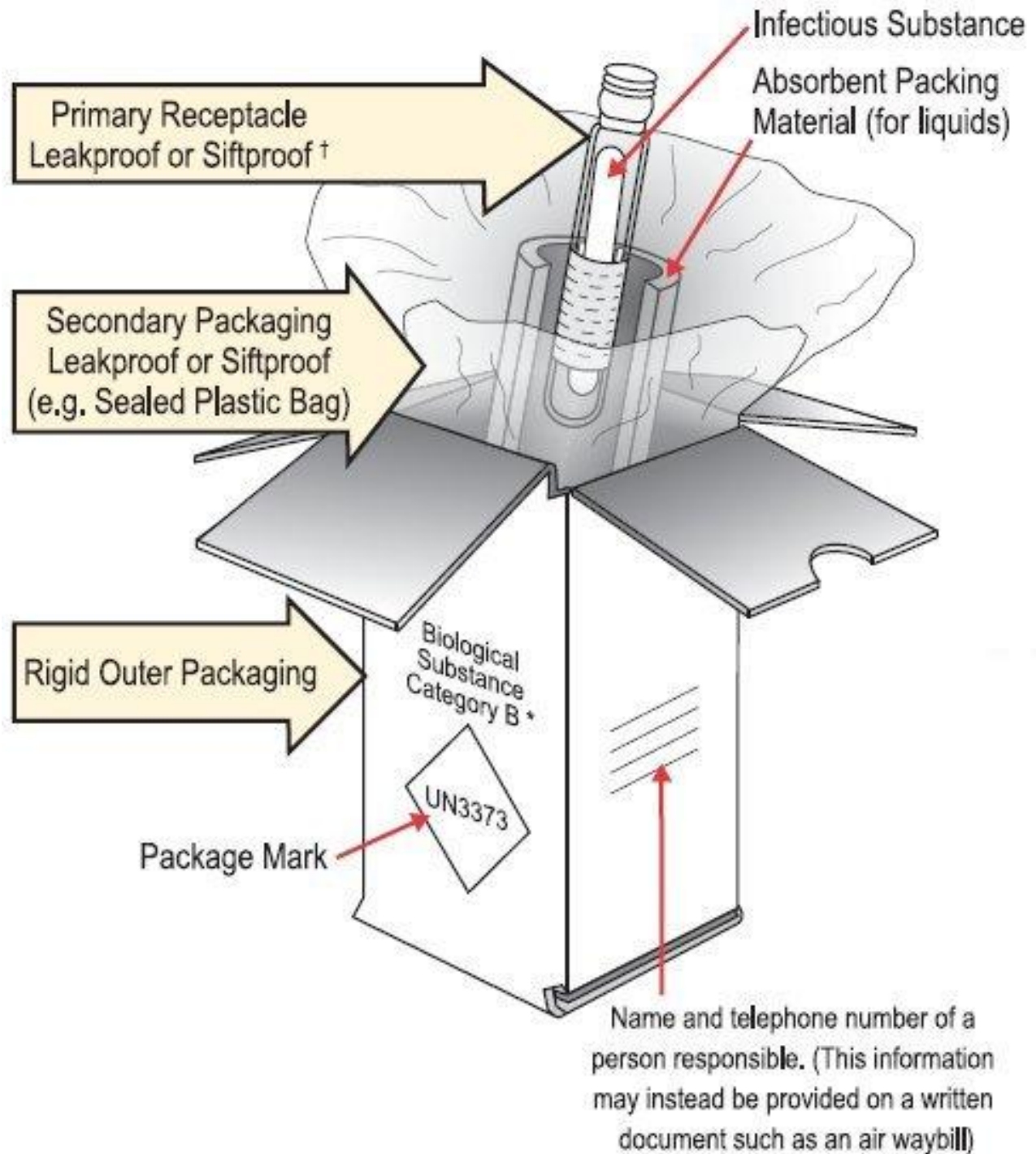
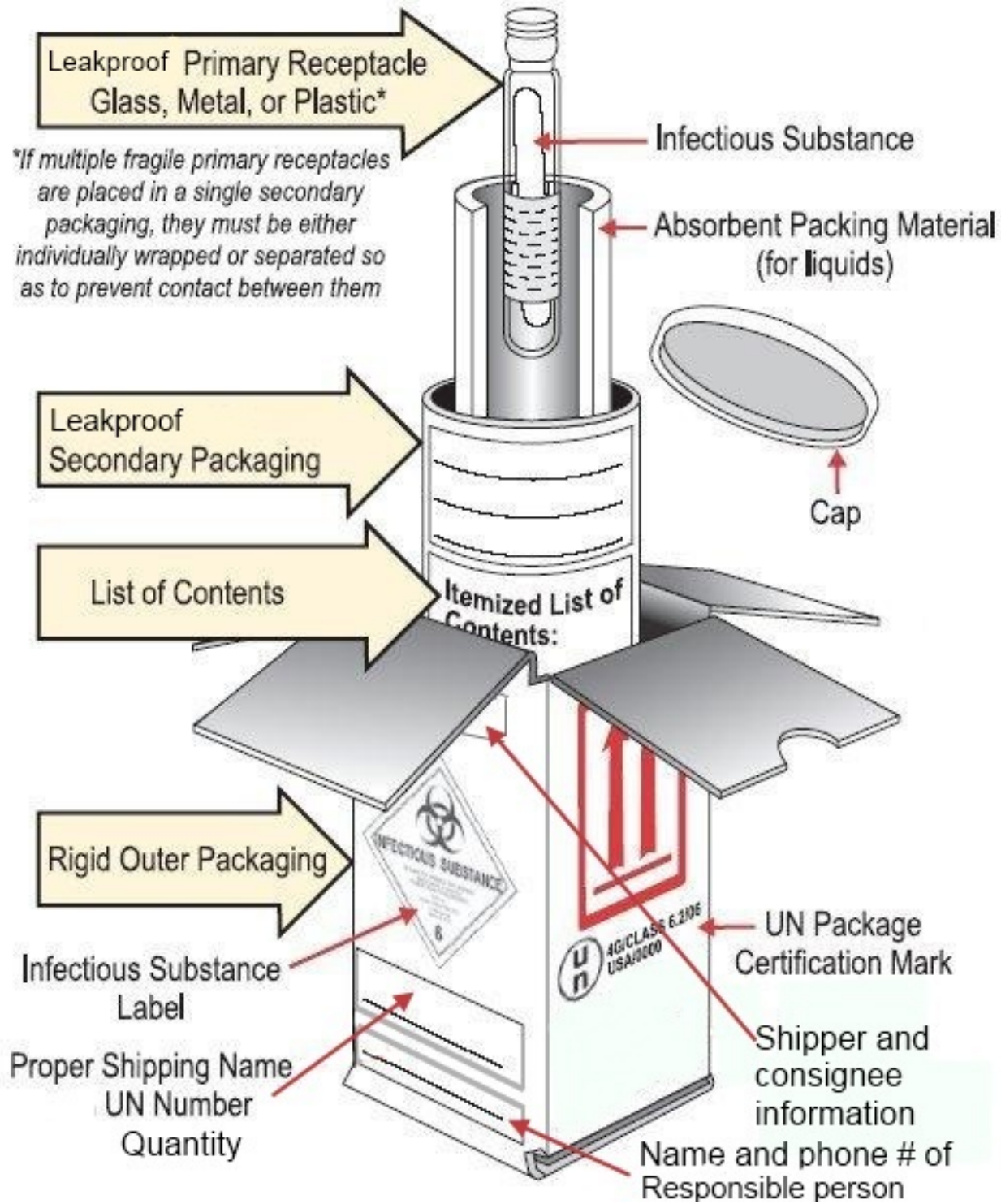
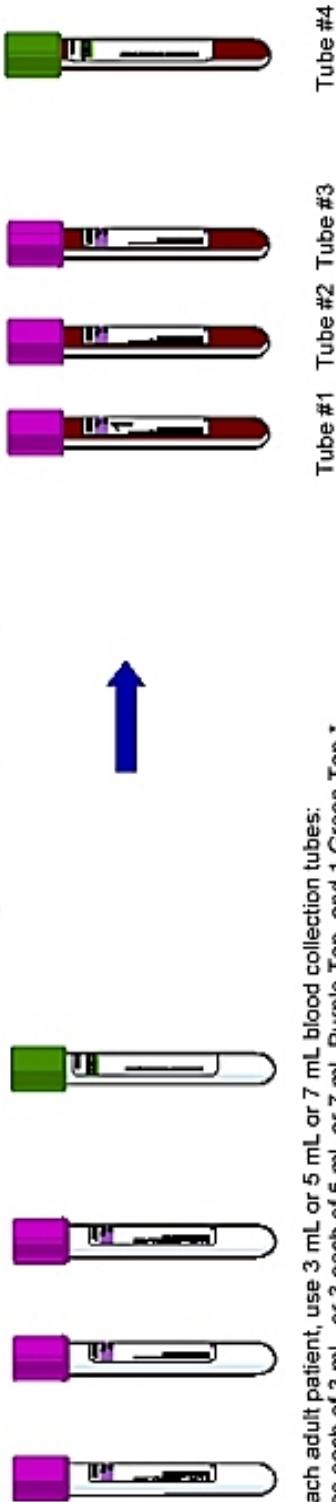




Diagram of triple packed parcel containing for a Category A specimen.



# Chemical Terrorism Event Specimen Collection

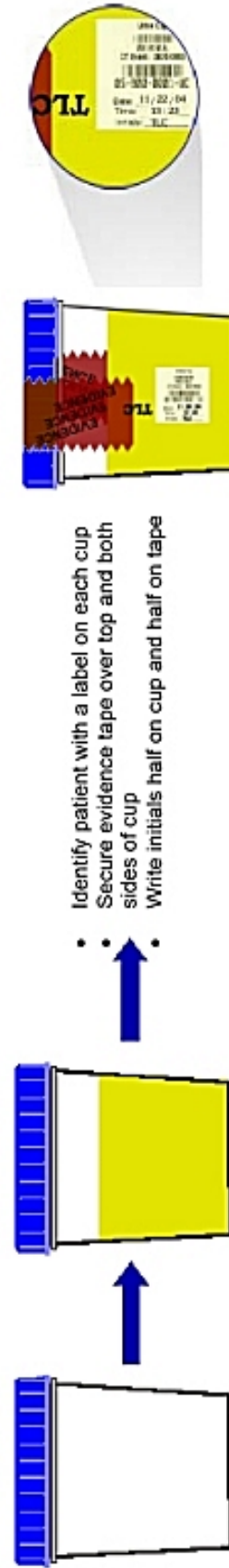


For each adult patient, use 3 mL or 5 mL or 7 mL blood collection tubes: 4 tubes each of 3 mL, or 3 each of 5 mL or 7 mL Purple Top, and 1 Green Top.\*  
 No blood on pediatric patients (urine only).  
 \* Gray Top heparin may also be used.

- Identify patient with a label on each tube
- Secure evidence tape over top and both sides of tube
- Write initials half on tube and half on tape



Please note placement of labels and initials



For adults and pediatrics, collect at least 25 mL of urine in a screw cap urine cup.

Please note placement of labels and initials

