

## BioResponse Testing (specify agent)

Revised 10-4-2023

<b>Test Description</b>	Confirmatory identification of clinical isolates presumptively identified as <i>Bacillus anthracis</i> , <i>Yersinia pestis</i> , <i>Francisella tularensis</i> , <i>Burkholderia</i> sp., <i>Coxiella</i> sp., <i>Brucella</i> sp., orthopox virus, or Ebola virus.
<b>Test Use</b>	To rule-out infection caused by the listed organisms
<b>Test Department</b>	BioResponse Supervisor Phone: (860) 920-6554 FAX: (860) 920-6721 Microbiology Laboratory Phone: (860) 920-6596
<b>Methodology</b>	Various methods to include culture, DFA, PCR, phage lysis test
<b>Availability</b>	Daily, Monday-Friday, or by arrangement with the BioResponse Supervisor
<b>Specimen Requirements</b>	Pure culture of a clinical isolate submitted on agar slant (preferred) or plate.
<b>Collection Kit/Container</b>	To obtain collection kit, refer Collection Kit Ordering Information.
<b>Collection Instructions</b>	Varies by agent and specimen type. Prior to specimen submission, consult with BioResponse Supervisor at (860) 920-6554. After-hours emergency contact number is (860) 716-2705.
<b>Specimen Handling and transport</b>	Store and transport isolates at room temperature (15-25°C). Avoid temperature extremes. Follow all applicable federal packaging & shipping regulations.
<b>Unacceptable Conditions</b>	Unlabeled specimens Specimens that have leaked or containers that have broken in transit Specimens in viral transport media
<b>Requisition Form</b>	Clinical Test Requisition OL-9B (select <b>Bioterrorism Agent Identification</b> . Specify the suspected organism)
<b>Required Information</b>	Name and address of submitter. Two patient identifiers (name, DOB, Acc.#, MRN) town of residence (city, state, zip), specimen type or source, date collected, test(s) requested Please ensure information on the requisition matches the specimen.