Bioterrorism Response Laboratory
HAWAII STATE DEPARTMENT OF HEALTH
2725 Waimano Home Rd
Pearl City, HI 96782

(PLEASE PRINT LEGIBLY)

STATE HEALTH DEPARTMENT NUMBER

DATE RECEIVED

NAME AND ADDRESS OF PHYSICIAN/ORGANIZATION

I. PATIENT IDENTIFICATION

FIRST NAME AND MIDDLE INITIAL | LAST NAME

ADDRESS

OCCUPATION | AGE | SEX

CLINICAL DIAGNOSIS | DATE OF ONSET | LABORATORY EXAMINATION REQUESTED

CATEGORY OF AGENT SUSPECTED | SPECIFIC AGENT SUSPECTED

II. SPECIMEN INFORMATION

1. SOURCE OF SPECIMEN
   - ☐ HUMAN
   - ☐ OTHER (Specify): _____

2. SEROLOGY SPECIMEN
   COLLECTION DATE
   - ☐ ACUTE (S1): _____
   - ☐ CONVALESCENT (S2): _____
   - ☐ S3: _____
   - ☐ S4: _____

3. ORIGINAL MATERIAL SUBMITTED
   * TYPE OF SPECIMEN: _____
   DATE OF COLLECTION: _____
   TRANSPORT MEDIUM: _____
   * SPECIFY SITE OF COLLECTION

4. REFERRED SPECIMEN
   - ☐ PURE ISOLATE
   - ☐ MIXED CULTURE
   - ☐ OTHER (SPECIFY) _____

   DATE OF ORIGINAL CULTURE: _____
   ORIGINAL SOURCE OF ISOLATE: _____
   COLLECTION SITE OF ORIGINAL SPECIMEN: _____
   DATE OF CULTURE SUBMITTED AND TRANSPORT MEDIUM USED: _____
   SUSPECTED IDENTIFICATION: _____
   OTHER ORGANISMS FOUND: _____
   OTHER INFORMATION: _____

III. CLINICAL HISTORY

1. CLINICAL SIGNS AND SYMPTOMS
   - ☐ FEVER
   - ☐ EXANTHEMA (Specify Type): _____
   - ☐ RESPIRATORY SIGNS: _____
   - ☐ CENTRAL NERVOUS SYSTEM INVOLVEMENT: _____
   - ☐ GASTROINTESTINAL INVOLVEMENT: _____

2. ADDITIONAL INFORMATION
   TRAVEL HISTORY: _____
   IMMUNIZATIONS: _____
   ANTIBIOTIC THERAPY: _____

3. PREVIOUS LABORATORY RESULTS/ OTHER INFORMATION:

DEPARTMENT OF HEALTH USE ONLY

DATE OF REPORT: _____