

CFF *BURKHOLDERIA CEPACIA* RESEARCH LABORATORY AND REPOSITORY

PROTOCOL FOR SENDING ISOLATES

1. For species confirmation of any isolate identified as belonging to the genus *Burkholderia*. To rule out *Burkholderia* spp. among nonenteric, nonfermenting, gram-negative bacteria isolated from CF sputum for which species identification is uncertain. The laboratory is supported by the CF Foundation to provide these analyses; there is no cost to senders.
2. Send only "pure" organisms from fresh overnight culture on agar slant or in charcoal transport medium (e.g., Difco culture swab transport system). Do **NOT** send sputum.
3. Please complete a **PHYSICIAN AND PATIENT INFORMATION REFERRAL FORM** for *each* isolate. Isolates cannot be processed without this information. Make sure that your laboratory isolate reference number, date of isolation, patient name, DOB, source and whether the culture is from a CF patient is clearly recorded on this form and agrees with information on the slant or transport tube.
4. Results will be sent to both the referring physician and the clinical microbiology laboratory - unless otherwise directed - based on the information provided on the PHYSICIAN AND PATIENT INFORMATION REFERRAL FORM
5. Send copies of your laboratory's identification and antimicrobial susceptibility reports for each isolate.
6. Isolates should be sent as a Biological Substance, Category B (**UN3373**), unless initial analyses identify the isolate as a Category A infectious substances (page 32-34, IATA section 3-Table 3.6D [3.6.2.2.1]). Category A does **NOT** include: *Burkholderia species* (EXCEPT for *B. mallei*, *B. pseudomallei* and *B. thailandensis*), *Ralstonia species*, *Achromobacter xylosoxidans*, *Stenotrophomonas maltophilia*, and *Pseudomonas species*. If the isolate cannot be identified, it should be sent under UN3373 guidelines. If local regulations require isolates to be sent under UN2814, your laboratory will need to cover shipping costs. **Parcels that are not sent in compliance with IATA shipping regulations will be returned to the sender.**

Isolates presumptively identified as *B. mallei*, *B. pseudomallei* or *B. thailandensis* cannot be shipped without first contacting the Laboratory (number below).

7. Laboratories are encouraged to use their preferred express postal carrier (USPS, DHL, UPS, FedEx) for shipping isolates. Please note: We will cover shipping costs only for parcels sent via **UPS 2nd Day Air®** service, if these are billed to recipient account **W04Y00**. Whenever possible please batch isolates to reduce shipping costs and time spent in preparing shipments.

We are no longer able to cover the cost of parcels sent by FedEx and/or parcels sent without the proper account number. If billed to recipient, these packages will be returned to the sender.

8. Send isolates to: **Dr. John LiPuma, 1150 W. Medical Center Drive, 8323 MSRB III, SPC 5646, Ann Arbor, MI 48109-5646**
9. For questions or information: Tel: 734.936.9767; Fax: 734.615.4770; e-mail: jlipuma@umich.edu

PLEASE DO NOT SHIP ISOLATES FOR SATURDAY OR SUNDAY DELIVERY

PLEASE RETAIN THIS FORM FOR FUTURE REFERENCE Summer 2011

**CFF *BURKHOLDERIA CEPACIA* RESEARCH LABORATORY AND REPOSITORY
PHYSICIAN AND PATIENT INFORMATION REFERRAL FORM**

1. REFERRING PHYSICIAN (to whom results will be sent): _____

Institution: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____

2. PATIENT INFORMATION: Name: _____
(last) (first) (MI)

Birth date (MM/DD/YYYY) _____ Sex: Male Female

Transplant Listed: Yes No Transplant Performed: _____ Yes No
(date)

3. LABORATORY SUPERVISOR (to whom results will be sent): _____

Institution: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Tel: _____ Fax: _____ E-mail: _____

4. ISOLATE INFORMATION (**ALL information must be provided**):

Date of Isolation: _____ Isolate Reference No. _____

Presumptive Species Identification: _____

Method of Identification: _____
(Please enclose identification report)

CF isolate Yes No

Source: Sputum Yes No

Blood Yes No

Other (specify) _____

Circle or check one: Analysis and Repository Repository only