# Biologic Research Laboratory Reporting Form

**TYPE OF REPORT:** □ Infection □ Exposure (without associated illness)

<table>
<thead>
<tr>
<th>NAME, LAST</th>
<th>FIRST</th>
<th>GENDER □ male □ female</th>
</tr>
</thead>
<tbody>
<tr>
<td>STREET ADDRESS</td>
<td>APT. #</td>
<td>CITY</td>
</tr>
<tr>
<td>PHONE ( )</td>
<td>CELL PHONE ( )</td>
<td>DOB / /</td>
</tr>
</tbody>
</table>

**Case Identification**

<table>
<thead>
<tr>
<th>NAME / AFFILIATION OF LAB</th>
</tr>
</thead>
<tbody>
<tr>
<td>LABORATORY POSITION / TITLE</td>
</tr>
<tr>
<td>LABORATORY PHONE ( )</td>
</tr>
</tbody>
</table>

**WAS CASE HOSPITALIZED?** □ Yes □ No If yes: from / / to / / 

**Infection**

<table>
<thead>
<tr>
<th>CAUSATIVE AGENT (IF KNOWN)</th>
<th>ILLNESS ONSET DATE / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF INFECTION</td>
<td></td>
</tr>
<tr>
<td>□ bacteremia □ constitutional □ other (please describe):</td>
<td></td>
</tr>
<tr>
<td>□ gastrointestinal □ hepatitis</td>
<td></td>
</tr>
<tr>
<td>□ neurologic □ respiratory</td>
<td></td>
</tr>
<tr>
<td>□ skin or soft tissue</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Laboratory Test</th>
<th>Date Obtained</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>/ / /</td>
<td></td>
<td></td>
</tr>
<tr>
<td>/ / /</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Exposure**

<table>
<thead>
<tr>
<th>AGENT (IF KNOWN)</th>
<th>INCIDENT DATE / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>TYPE OF EXPOSURE</td>
<td></td>
</tr>
<tr>
<td>□ ingestion □ inhalation □ percutaneous □ splash</td>
<td></td>
</tr>
<tr>
<td>□ bite/scratch species</td>
<td></td>
</tr>
<tr>
<td>□ other (describe)</td>
<td></td>
</tr>
</tbody>
</table>

**Reporting**

<table>
<thead>
<tr>
<th>REPORTING SOURCE</th>
<th>DATE / /</th>
</tr>
</thead>
<tbody>
<tr>
<td>SITE</td>
<td>PHONE ( )</td>
</tr>
<tr>
<td>ADDRESS</td>
<td></td>
</tr>
<tr>
<td>OCCUPATIONAL HEALTH OFFICER</td>
<td>FACILITY</td>
</tr>
<tr>
<td>PHONE ( )</td>
<td>FAX ( )</td>
</tr>
</tbody>
</table>

*This form is to be used only for exposures/illnesses associated with Biological Research Laboratories*

Fax completed form to BPHC, confidential fax # (617) 534-5905

The collection of this information is authorized under BPHC Biologic Laboratory Regulations (adopted Sept 19, 2006), BPHC Disease Surveillance and Reporting Regulations (promulgated March 30, 2004) and BPHC Amendments to Disease Surveillance and Reporting Regulations (promulgated Oct 13, 2011 and Jan 10, 2013). These became effective March 11, 2013.

ver.3-2013
Research Laboratories: Reportable Infectious Disease Agents and Toxins
BOSTON PUBLIC HEALTH COMMISSION
1010 Massachusetts Avenue, Boston, MA 02118
Telephone: 617-534-5611 Confidential Fax: 617-534-5905

Infection (suspect or confirmed) or exposure due to the following agents should be reported to BPHC IMMEDIATELY at 617-534-5611.

HHS SELECT AGENTS AND TOXINS
- Abrin
- Botulinum neurotoxins
- Botulinum neurotoxin producing species of Clostridium
- Cercoptieheic herpesvirus 1 (Herpes B virus)
- Clostridium perfringens epsilon toxin
- Coccidioides posadasii / Coccidioides immitis
- Conotoxins
- Coxiella burnetii (Q Fever)
- Crimean-Congo Haemorrhagic Fever virus
- Diacetylscirpenol
- Eastern Equine Encephalitis virus (EEEv)
- Ebola virus
- Franciscella tularensis (Tularemia)
- Influenza virus (replication competent 1918 virus)
- Lassa fever virus
- Marburg virus
- Monkeypox virus
- Ricin
- Rickettsia prowazekii
- Rickettsia rickettsii (Rocky Mountain Spotted Fever)
- Saxitoxin
- Shiga-like ribosome inactivating proteins
- Shigatoxin
- South American Haemorrhagic Fever viruses (Junin, Machupo, Sabia, Flexal, Guanarito)
- Staphylococcal enterotoxins
- T-2 toxin
- Tetrodotoxin
- Flaviviruses
  - Tick-borne encephalitis complex (flavi viruses)
  - Central European Tick-borne encephalitis
  - Far Eastern Tick-borne encephalitis
  - Russian Spring and Summer encephalitis
  - Kysanur Forest disease
  - Omsk Hemorrhagic Fever
- Variola major virus (Smallpox virus)
- Variola minor virus (Alastrim)

OVERLAP SELECT AGENTS AND TOXINS
- Bacillus anthracis (Anthrax)
- Brucella abortus (Brucellosis)
- Brucella melitensis (Brucellosis)
- Brucella suis (Brucellosis)
- Burkholderia mallei (formerly Pseudomonas mallei) (Glanders)
- Burkholderia pseudomallei (formerly Pseudomonas pseudomallei) (Meliodosis)
- Hendra virus
- Nipah Virus
- Rift Valley Fever virus
- Venezuelan Equine Encephalitis virus (VEE)

NIH RISK GROUP 4 AGENTS
- Arenaviruses
  - Guanarito virus
  - Lassa virus
  - Junin virus
  - Machupu virus
  - Sabia
- Bunyaviruses (Nairovirus)
  - Crimean-Congo hemorrhagic fever virus
- Filoviruses
  - Ebola virus
  - Marburg virus
- Flaviviruses (Togaviruses) - Group B Arboviruses
  - Tick-borne encephalitis virus complex, including:
    - Abseterov, Central European encephalitis
    - Hanzalova, Hypr, Kumlinge
    - Kysanur Forest virus
    - Omsk hemorrhagic fever
    - Russian spring-summer encephalitis
- Herpesviruses (alpha)
  - Herpesvirus simiae (Herpes B or Monkey virus)
- Paramyxoviruses
  - Equine morbillivirus
- Hemorrhagic fever agents and viruses as yet undefined

OTHER TOXINS/AGENTS/EXPOSURES
- Avian influenza virus (highly pathogenic)
- Mycobacterium tuberculosis
- Neisseria meningitidis
- Primate bites or scratches
- SARS–CoV, (Severe Acute Respiratory Syndrome)
- Vaccinia virus

RECOMBINANT DNA
- Within thirty (30) days an institution shall report any significant problems with or violations of the NIH Guidelines and any significant RDNA related accidents or illnesses to BPHC and the Boston RDNA Advisory Committee. Any such problems, accidents, or illnesses which have a potential impact on the public health and safety shall be reported immediately.

ver.3-2013