

GTFCC Isolate submission form

The submitting laboratory should complete a form for each individual isolate sent to a recipient laboratory.

This form is to be filled out and accompany any shipment of isolates to a secondary/referral laboratory for further testing (such as AST or sequencing) or even for confirmatory purposes. The submitting laboratory should complete a form for each individual isolate sent to a recipient laboratory.

Isolates must travel with corresponding documentation (Laboratory Referral Form for Cholera Suspected Case and/or line list). Include any results of tests that may have already been performed, such as RDT results. **IMPORTANT: Inform the receiving lab before sending the specimen.**

For more specific instructions for packaging and transportation please refer to [Strain Conditioning for International Transportation of Vibrio cholerae O1/O139 Job Aids](#).¹

Request made by

Name/Address of Laboratory (or stamp)

Name of laboratory director/contact person:

Phone: E-mail:

Test(s) requested:

- Confirmatory diagnostics: Specify: Identification, serotyping Toxin testing Antimicrobial Susceptibility Testing (AST)
- Genomic sequencing (NGS) Other, specify.....

Isolate

Isolate ID:

- Conditioning of isolate: culture inoculated on non-selective medium (agar slant), specify medium²
- culture inoculated on stock culture agar, specify type of agar²
- culture on wet filter paper²
- other, specify.....

Date of primary specimen collection: DD MM YYYY
 _____ / _____ / _____

Location primary specimen collected: Province/Region District Town/Village

Patient

Patient ID: Sex: Male Female

Age: ____ Years ____ Months ____ Days or Date of birth: DD MM YYYY
 _____ / _____ / _____

Date of onset of illness: DD MM YYYY
 _____ / _____ / _____

Suspected location of contamination: Province/Region District Town/Village

Patient outcome: Hospitalized Discharged Deceased Self-discharged Referred, specify..... Unknown

Did the patient fit the clinical suspect case definition for cholera? Yes No

Is there a notion of cluster of cases? No Yes, specify

Relevant travel history:

¹ Carefully label isolates with unique identifier using a permanent marker. Indicate complete address and phone number for the sender on the form.

Do not write the name of the pathogen on the outer packaging, only on the paperwork inside the box where appropriate.

² To be sent at ambient temperature (ideally 22-25°C). Do not refrigerate or freeze. Keep out of sunlight.

RDT

Performed: No
 Yes, specify: Enriched (APW) RDT
 Direct RDT

Specify name of kit used:

Date test performed: DD MM YYYY
 ___ / ___ / _____

Result: Positive Negative Indeterminate

Oxidase test

Performed: Yes No

Date test performed: DD MM YYYY
 ___ / ___ / _____

Result: Positive Negative

Seroagglutination test

Performed: Yes No

Date test performed: DD MM YYYY
 ___ / ___ / _____

Results:
 Self-agglutination in saline Yes No
 Serogroup identification:
 Positive O1 Positive O139 Negative (O1 and O139)
 Serotype identification (for O1):
 Positive Inaba Positive Ogawa

Other tests performed (e.g. string test, phage detection, etc)

specify:

Date test performed: DD MM YYYY
 ___ / ___ / _____

Results:.....

Culture

on TCBS: Directly from sample: Yes No
 After enrichment in APW: Yes No

on Non Selective Agar (NSA):
 Directly from sample: Yes No
 After enrichment in APW: Yes No

Others, specify:

Date test performed: DD MM YYYY
 ___ / ___ / _____

Results:
 Growth on TCBS, specify color and aspect of colonies of growth:

 Growth on NSA

Polymerase Chain Reaction test

Performed: Yes No

Commercial kit used: Yes No / Name:.....
 or in-house assay used: Yes No

If yes, please specify targeted genes below.

Date test performed: DD MM YYYY
 ___ / ___ / _____

Species confirmation, *V. cholerae* target:.....
 Positive Negative indeterminate

Serogroup O1 target:
 Positive Negative Indeterminate

Serogroup O139 target:
 Positive Negative Indeterminate

Toxin detection: target *ctxA*:.....
 Positive Negative Indeterminate

Others, target:
 Positive Negative Indeterminate

Final identification of isolate:

Alternative diagnosis or coinfections:

Pathogen identified	Diagnostic method used (eg. Culture, PCR...)

Comments from the sending laboratory:.....

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