

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 ☐ 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:

DDMMYYYY
Date test performed: ____/____/____

Result: ☐ Reactive O1 ☐ Reactive O139
☐ Reactive O1 and O139 ☐ Non-reactive ☐ Invalid

Oxidase test

Performed: ☐ Yes ☐ No

DDMMYYYY
Date test performed: ____/____/____

Result: ☐ Positive ☐ Negative

Seroagglutination test

Performed: ☐ Yes ☐ No

DDMMYYYY
Date test performed: ____/____/____

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:

DDMMYYYY
Date test performed: ____/____/____

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:

DDMMYYYY
Date test performed: ____/____/____

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.

DDMMYYYY
Date test performed: ____/____/____

Results:
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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