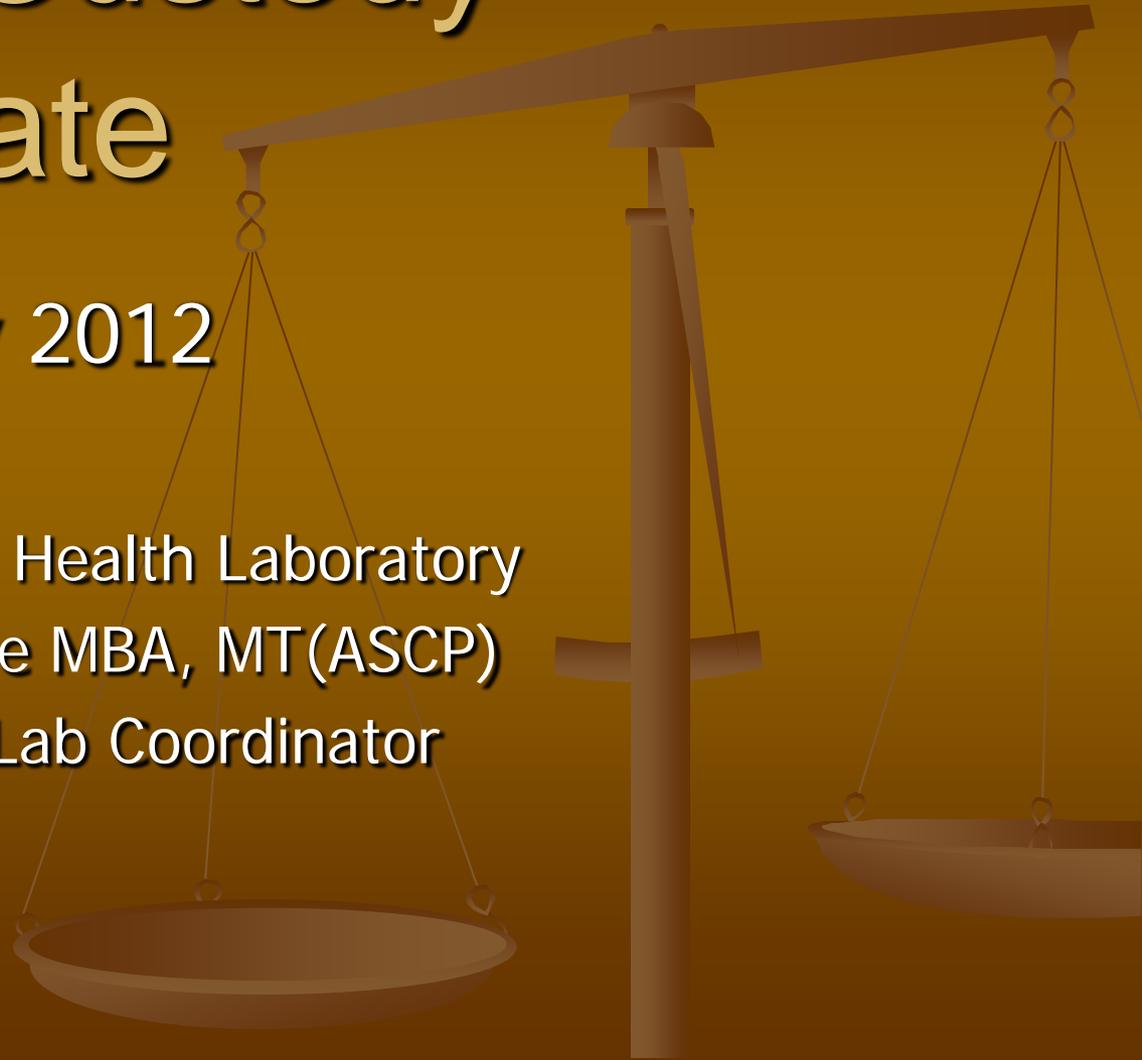


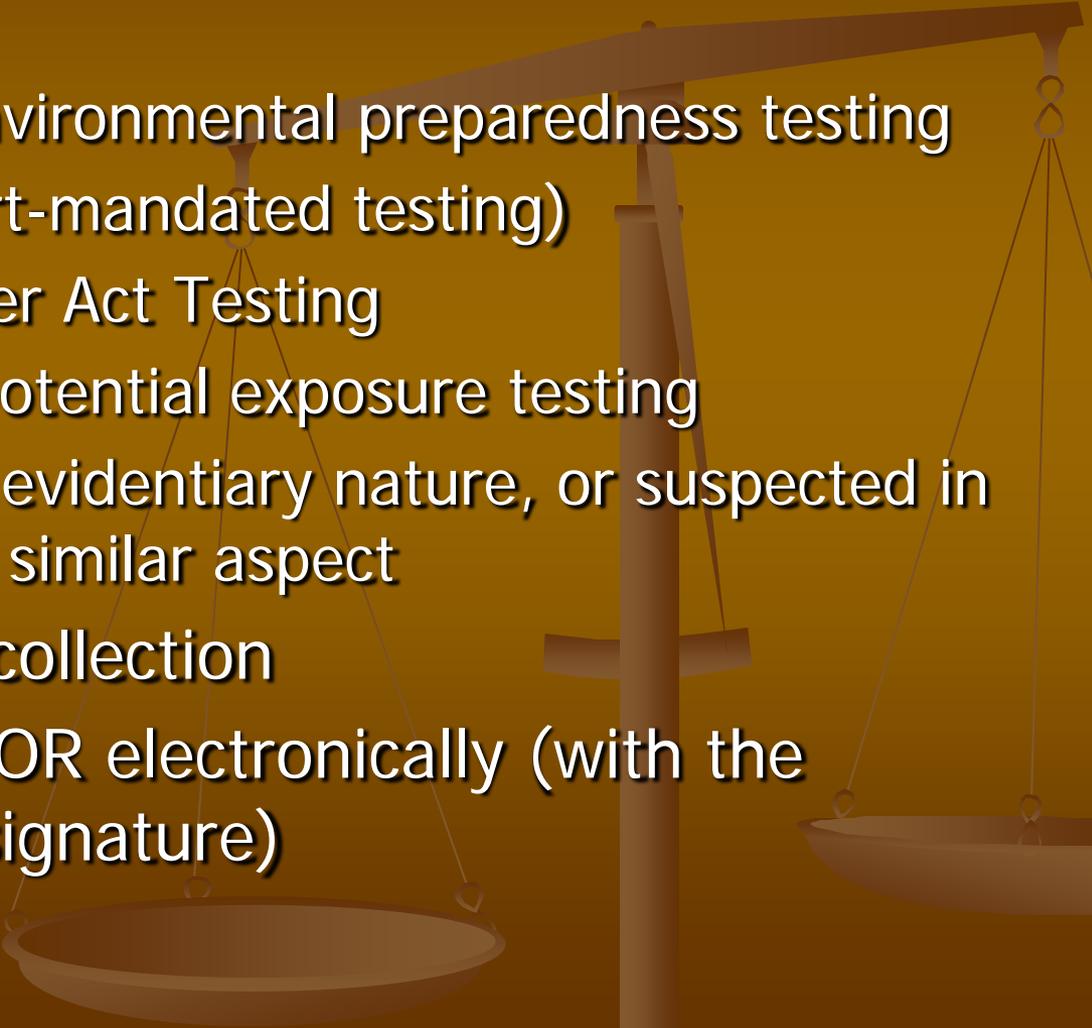
Chain of Custody Update

May 2012

Delaware Public Health Laboratory
Debbie Rutledge MBA, MT(ASCP)
Bioterrorism Lab Coordinator



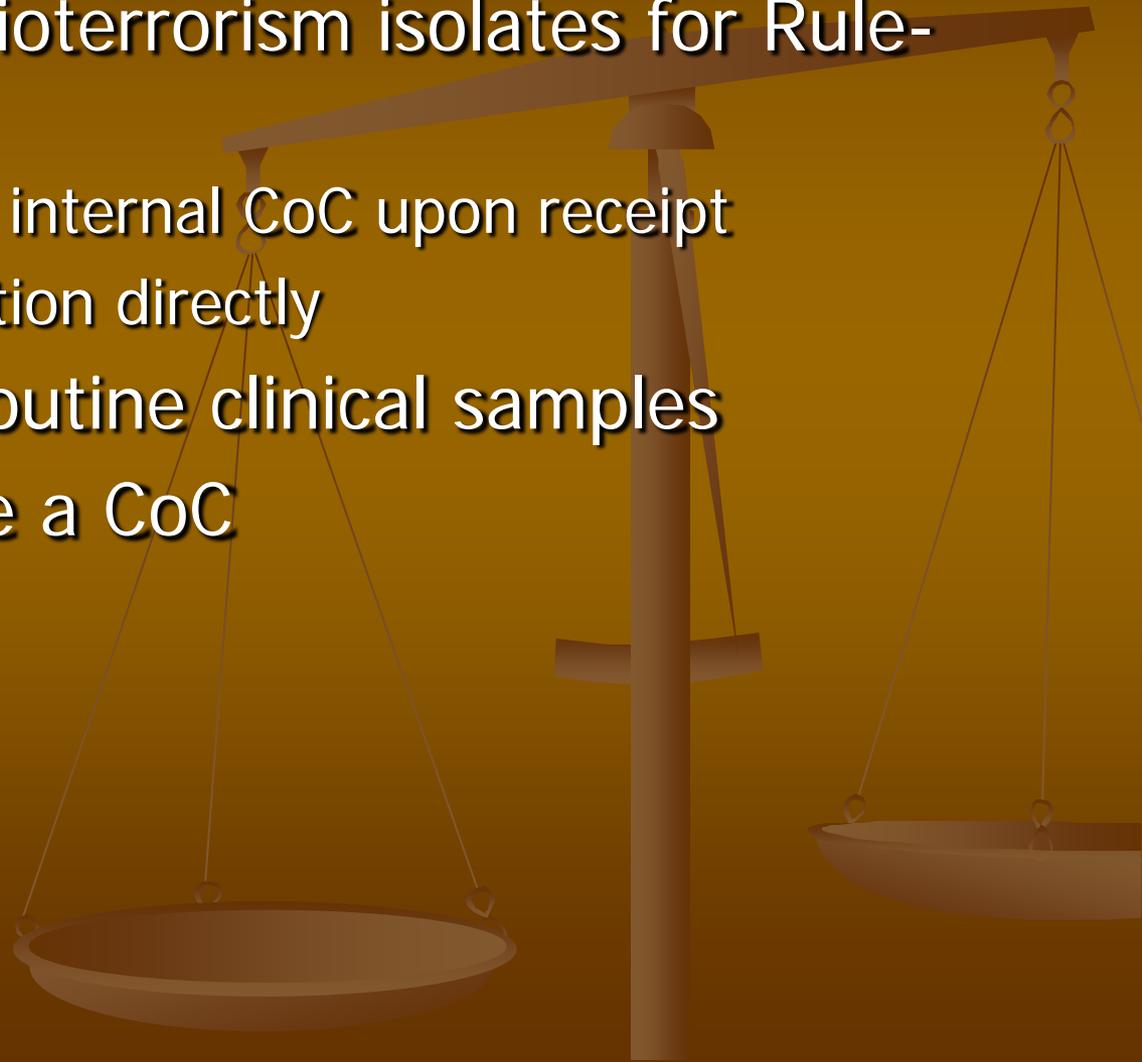
Who Uses a CoC?



- Should be use for:
 - Clinical, food or environmental preparedness testing
 - Legal testing (court-mandated testing)
 - Safe Drinking Water Act Testing
 - Biomonitoring or potential exposure testing
 - legal defensibility, evidentiary nature, or suspected in a crime, threat, or similar aspect
- Initiation begins at collection
- completed with ink OR electronically (with the exception of a live signature)

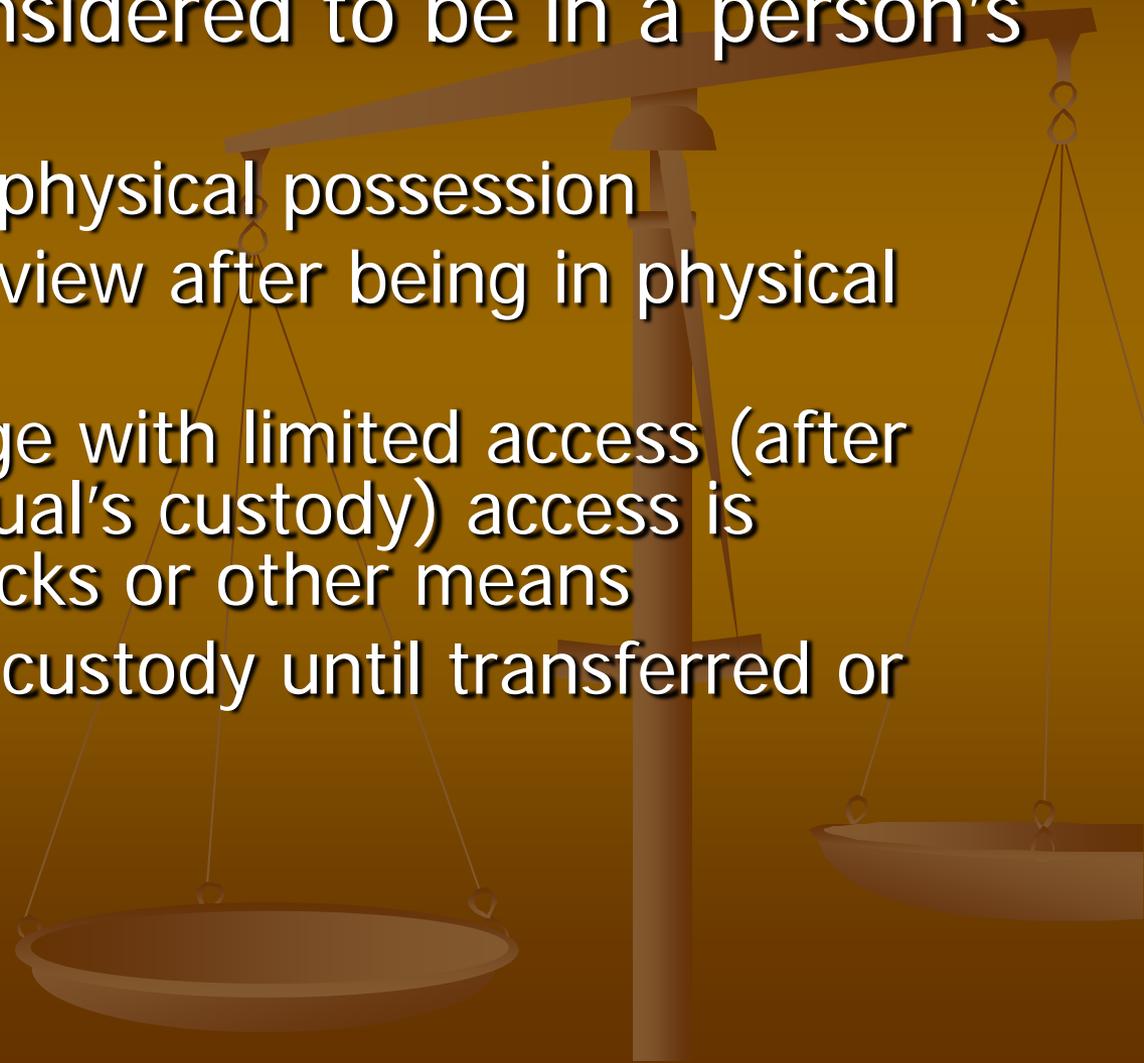
Who Doesn't Use a CoC?

- Not required for bioterrorism isolates for Rule-Out testing
 - DPHL may initiate internal CoC upon receipt
 - Contact micro section directly
- Not required for routine clinical samples
- If in doubt, initiate a CoC



Sample Possession/Custody

- A sample is considered to be in a person's custody when:
 - in the person's physical possession
 - in the person's view after being in physical possession
 - in secure storage with limited access (after being in individual's custody) access is controlled by locks or other means
 - Must remain in custody until transferred or destroyed





DPHL PREPAREDNESS CALL LOG

Call-taker: Christina Pleasanton Date/Time: 3/6/12 1:45pm

Listen carefully or your samples may be rejected. Chain of Custody may be required for each sample. Please complete all forms requested (print or type responses). Deliver to the rear of the building. Environmental samples require pre-screening by a trained person prior to acceptance.

IDENTIFICATION

Caller's Name:	<u>Jamie Bethard</u>	Transporter name:	<u>same</u>
Caller's phone no.:	<u>302-111-2222</u>	Transporter's phone no.:	<u>same</u>
Caller's organization.:	<u>DNREC</u>	Anticipated arrival:	<u>2:00 pm 3/6/12</u>

SAMPLE

<input type="checkbox"/> Clinical sample	<input checked="" type="checkbox"/> Environmental sample
<input type="checkbox"/> Other : (specify)	<input type="checkbox"/> Food sample (specify):
<input type="checkbox"/> BT R/O isolate (refer call to microbiology lab)	<input type="checkbox"/> Powder/letter

FORMS REQUIRED (MANDATORY)

<input checked="" type="checkbox"/> DPHL Chain of Custody
<input checked="" type="checkbox"/> DPHL Request for Prep. Testing
<input checked="" type="checkbox"/> DPH Field Screening Form*
<input type="checkbox"/> LIMS Test Requisition (clinical)

Can you provide?

<input type="checkbox"/> Sample Risk Assessment (environmental)
<input type="checkbox"/> Radiation and explosive screens *
<input type="checkbox"/> Preliminary/rule-out results (isolate)
<input type="checkbox"/> [unclear]

*If not completed, contact DNREC ERB (302) 632-0264 to screen

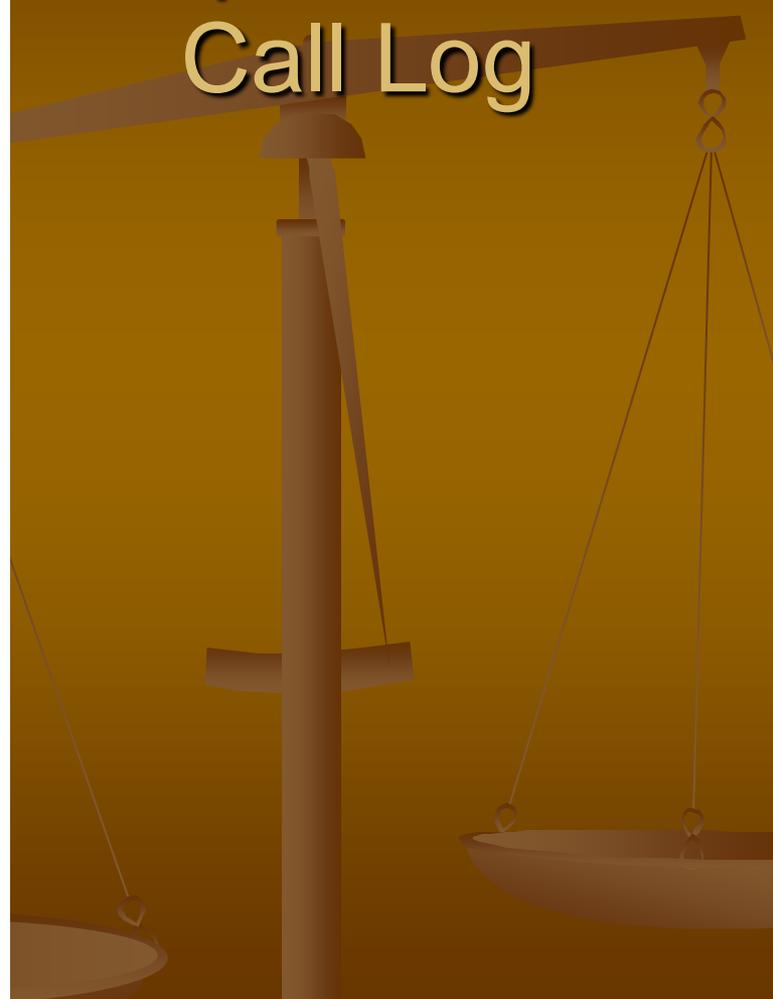
SAMPLE PACKAGING

<input type="checkbox"/> Two-layer biohazard bags (isolate)	<input checked="" type="checkbox"/> Triple layer with evidence seals (environ/clinical)
---	---

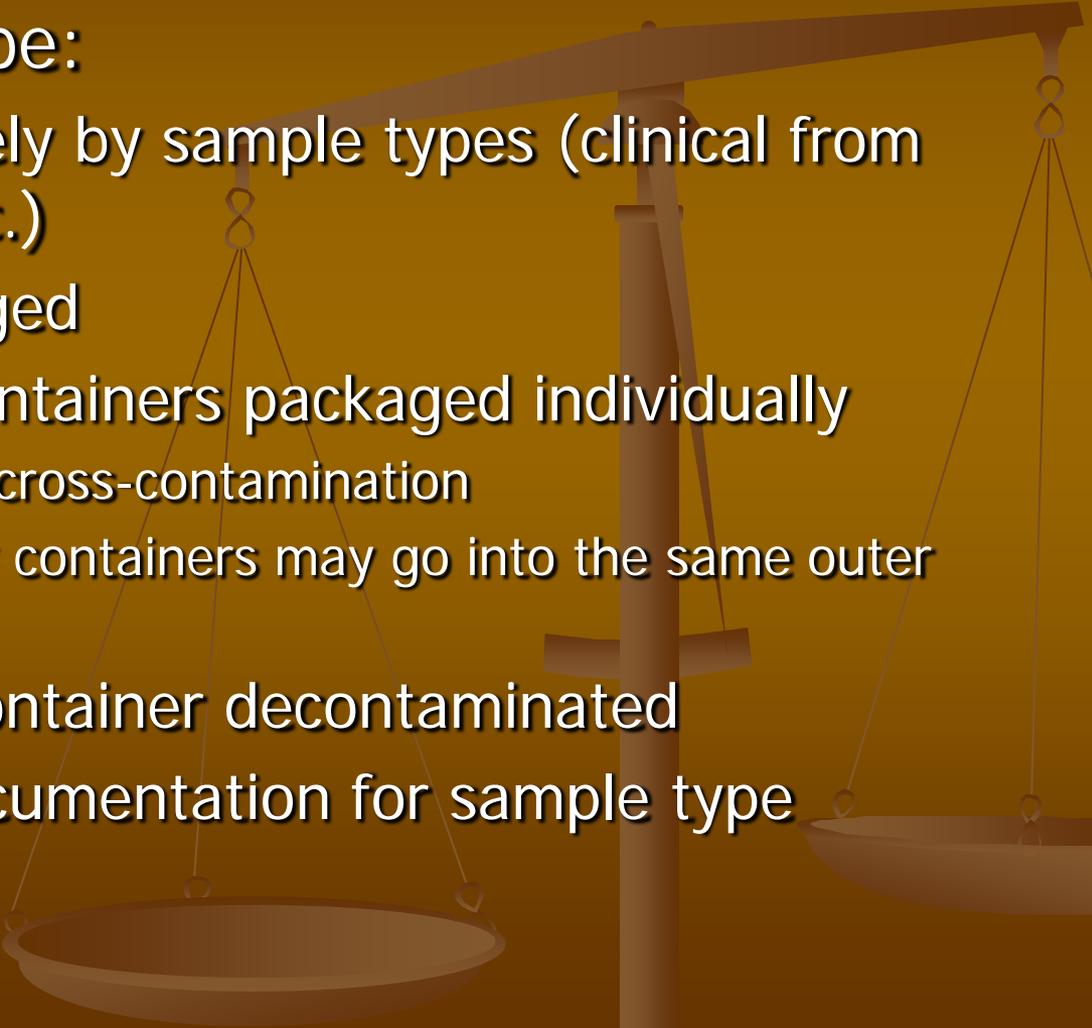
Incident information:

What occurred? Where? When? Sick people? Symptoms? Diagnosis? # of samples ? Tests requested? Treatment? Other info?	<p><i>Powder on manager's desk at Wells Fargo bank. Manager verbally threatened when she fired an employee.</i></p> <p><i>Test to rule out any bacterial pathogens or toxins</i></p>
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DPHL Preparedness Call Log

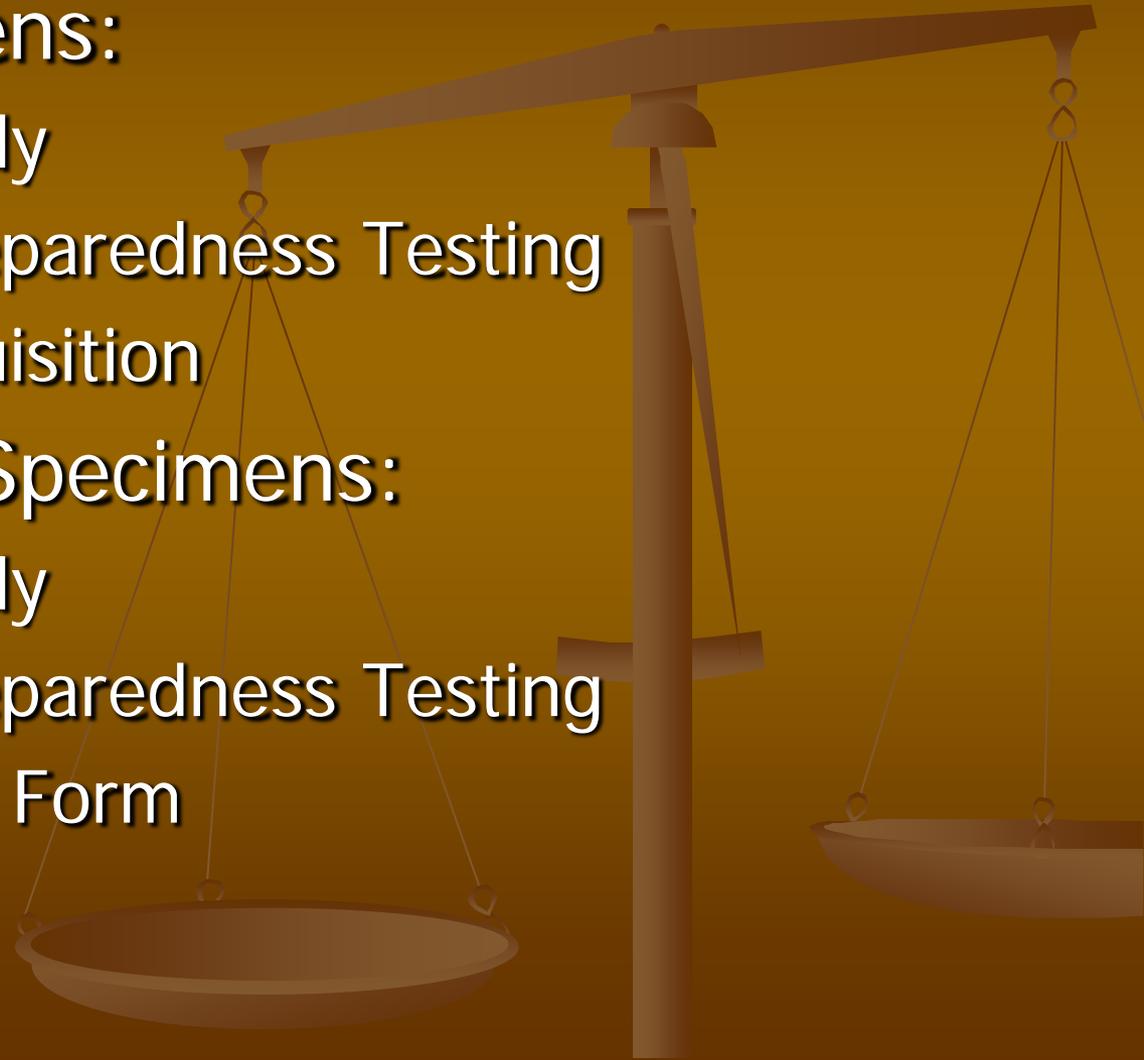


Sample Transport Requirements – All Samples

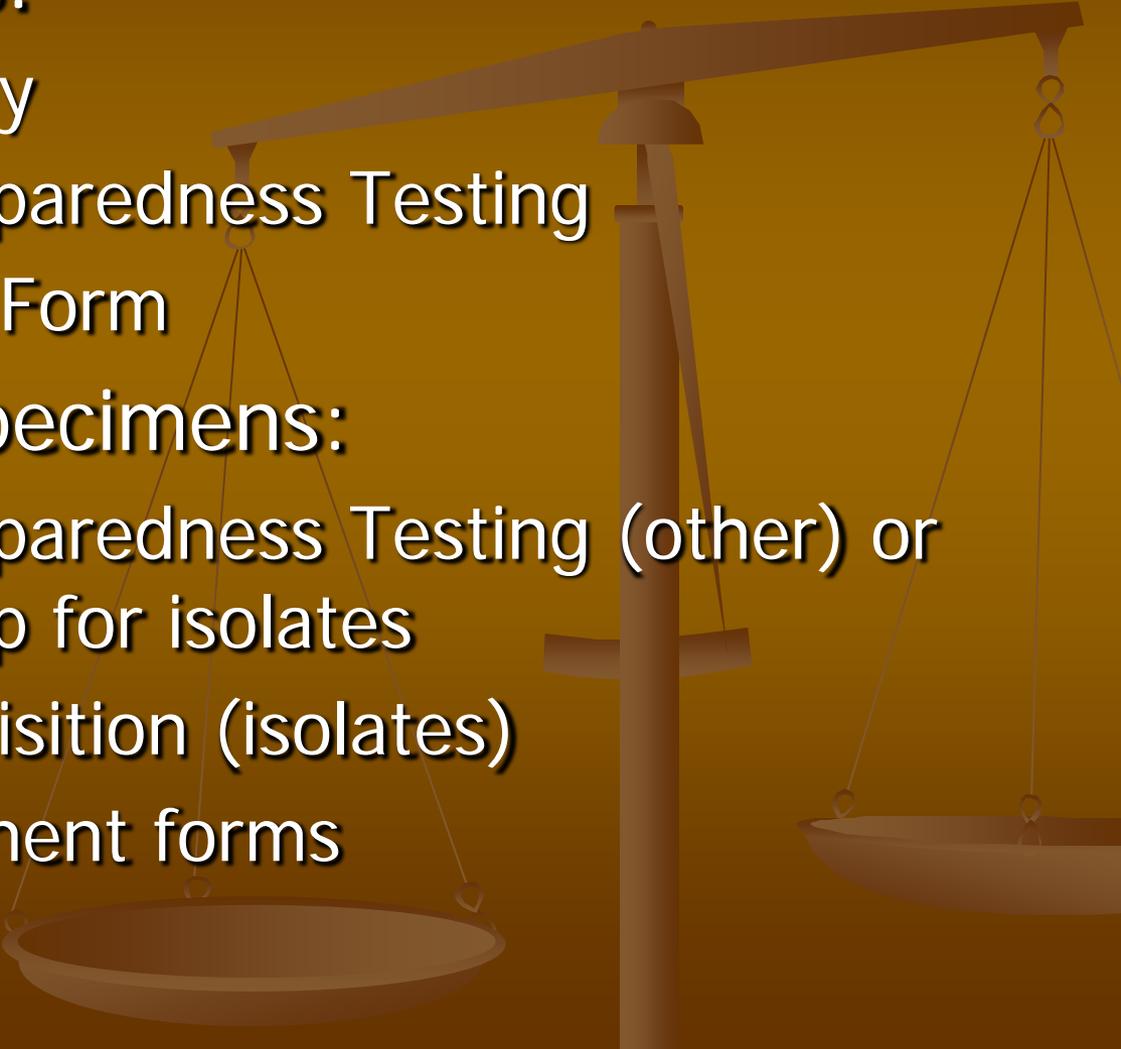
- All Samples must be:
 - Packaged separately by sample types (clinical from environmental, etc.)
 - Triple layer packaged
 - Primary sample containers packaged individually
 - Reduces potential cross-contamination
 - Multiple secondary containers may go into the same outer container
 - Exterior of each container decontaminated
 - Include proper documentation for sample type
- 

Documentation Requirements

- Clinical Specimens:
 - Chain of Custody
 - Request for Preparedness Testing
 - LIMS Test Requisition
- Environmental Specimens:
 - Chain of Custody
 - Request for Preparedness Testing
 - Field Screening Form



Documentation Requirements

- Food Specimens:
 - Chain of Custody
 - Request for Preparedness Testing
 - Field Screening Form
 - Other/Isolate Specimens:
 - Request for Preparedness Testing (other) or Request for Prep for isolates
 - LIMS Test Requisition (isolates)
 - Any Other pertinent forms
- 



CHAIN OF CUSTODY

Office of Drinking Water
43 S. Dupont Hwy.
Dover, DE 19901
302-741-8630; Fax: 302-661-7228

Delaware Public Health Laboratory
30 Sunnyside Road
Smyrna, DE 19977
302-223-1520; Fax: 302-653-2877

Preservative	NaS ₂ O ₃	None	None	HCl & ascorbic acid	NaS ₂ O ₃	NH ₄ Cl	NaOH	None		Water System Name/Submitter: Meghan Harrison, BSN
Container Type	clear plstc	clear plstc	clear plstc	clear glass	amber	amber	amber	plastic		Comments: Urine cups from 16 patients from Race Track; 15 adults, 1 child
Container Volume	100mL	12 oz	32 oz	40mL	40mL	60mL	1 Liter	90 mL		
# of Containers	1	1	1	3	2 or 6	2 or 6	1	1		

Analysis Requested	Sample Date	Sample Time	Microbial	Routine or Full		VOC/THM	Pesticide	HAA5	Cyanide	Clinical	Other	Sample Description
				NO3 or FI	Trace Mtl							
Barcode Number			Number of containers for one sample slip									
T234125	3/13/2012	1300									1	
T234127	3/13/2012	1303									1	
T234129	3/13/2012	1312									1	
T234130	3/13/2012	1313									1	
T234131	3/13/2012	1314									1	
T234132	3/13/2012	1317									1	
T234133	3/13/2012	1321									1	
T234134	3/13/2012	1322									1	
T234135	3/13/2012	1325									1	
T234136	3/13/2012	1327									1	
T234137	3/13/2012	1328									1	
T234138	3/13/2012	1330									1	
T234139	3/13/2012	1332									1	
T234141	3/13/2012	1333									1	
T234142	3/13/2012	1335									1	
T234143	3/13/2012	1337									1	Child
Blank											2	
Total # of containers =											18	

Print Name	Signature	Date Transferred	Time	Temp Ctl(°C)	Sealed (✓)	Special Requests:
Sampled by: Meghan Harrison, BSN	<i>Meghan Harrison</i>	3/13/2012	1345	N/A	X	Test for exposure to Nerve Agents
Received by: Paul Packer	<i>Paul Packer</i>	3/13/2012	1400	N/A	X	
Relinquished by: Paul Packer	<i>Paul Packer</i>	3/13/2012	1450	N/A	X	
Received by: Carrie Courier	<i>Carrie Courier</i>	3/13/2012	1450	N/A	X	
Relinquished by: Carrie Courier	<i>Carrie Courier</i>	3/13/2012	1517	N/A	X	
Received by: Ralph Receiver	<i>Ralph Receiver</i>	3/13/2012	1517	N/A	X	
Relinquished by:						
Received by:						
Relinquished by:						
Received by:						
Relinquished by:						
Received by:						



030612

REQUEST FOR PREPAREDNESS TESTING

INSTRUCTIONS: The Laboratory Director or designee must give verbal permission prior to sending any samples. Chain of Custody required for each sample. (Please print or type responses)

Environmental samples require pre-screening by a trained person prior to acceptance.

Original Specimen Collected by (Print & Sign) Jamie Bethard *Jamie Bethard*

Collection Date: 3/6/12 **Collection Location:** Manager's desk

Collection Time: 1:30 pm **Collection Conditions:**

Incident Description:	<u>a small pile of powder found on manager's desk</u>
Incident Address:	<u>Wells Fargo Bank, DuPont Hwy, Dover, DE 19901</u>
Signs and Symptoms Onset, Diagnosis	<u>sneezing, watery eyes, heart palpitations</u>
Level of Risk:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Low <input type="checkbox"/> Exercise

Sample Information- Clinical specimens need a LIMS request submitted.

Sample Classification:	<input type="checkbox"/> Clinical <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Food <input type="checkbox"/> Other
Sample ID (list all describe):	
Sample type: (be specific)	# of samples: <u>1</u>
<input checked="" type="checkbox"/> Powder:	# of containers: <u>1</u> <i>c plastic</i>
<input type="checkbox"/> Letter:	Container type: <u>50 ml sterile conical tube</u>
<input type="checkbox"/> Swab	<input checked="" type="checkbox"/> Testing requested:
<input type="checkbox"/> R/O Isolate:	<input type="checkbox"/> BT/CT analysis
<input type="checkbox"/> Blood:	<input type="checkbox"/> BT Rule out
<input type="checkbox"/> Urine	<input checked="" type="checkbox"/> PCR
<input type="checkbox"/> Other (specify)	<input checked="" type="checkbox"/> Culture
Includes (list number):	<input type="checkbox"/> Duplicates <input type="checkbox"/> Spiked Samples <input type="checkbox"/> Spiked Duplicates <input type="checkbox"/> Blanks

Submitter Information- deliver to the rear of the building

Submitter Agency	<u>DNREC</u>		
Submitter Name (Print)	<u>Jamie Bethard</u>		
Submitter's Signature	<i>Jamie Bethard</i>		
Organization Address:	<u>Kings Hwy, Dover, DE</u>		
City	State	Zip	
<u>Dover</u>	<u>DE</u>	<u>19901</u>	
Contact person for results	Phone No.:		
<u>Jamie Bethard</u>	<u>302-111-2222</u>		
Additional Comments/info:	<u>Manager recently fired a person, person threatened to get back at manager</u>		

DPHL Request for Preparedness Testing





MCI#: _____ Submitter/Practitioner Name: _____ Collection Date: _____

Name: _____
(Print Clearly) (Last) (First)

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

(Check all that apply):

Race: American Indian or Alaskan Native Asian Black Gender: Female
 Native Hawaiian or Pacific Islander Other Race White Male

Partner Gender: M F Both

Ethnicity: Hispanic Non-Hispanic Unknown Visit Type: FP STD

Reason for Test: STD Screening Annual STD Symptoms Suspected STD contact Known STD contact Other

Clinician (Name and ID#): _____ ICD-9: _____

Insurance Status: Private Medicaid-Delaware Physician's Care, Inc. Medicaid-Diamond State
 Medicaid-Fee for Service Uninsured Unknown Medicaid # _____

TEST REQUESTED

STD

- Chlamydia and GC DNA Amplification:
Source: Cx / Urethra / Urine / Oral / Rectal/Vaginal
- Syphilis – RPR
- Syphilis – Confirmatory TPPA (Includes RPR)
- HIV / Confirmation

AFB

- AFB Culture and Smear Source: _____
- AFB Smear Only Source: _____
- Quantiferon

Hospital Requests

- CSF Culture
- WNV IgM
- Syphilis – VDRL (CSF Only)
- Serotype organism: _____ Source: _____
- Mycobacteria Referral
- Isolate for: _____

CT

- Blood Metals (Blood, CT_BLOOD_METALS)
- Trace Metals (Urine, CT_TRACE_METALS)
- Arsenic & Selenium (Urine, CT_AS_SE)
- Volatile Organic Compounds (Blood, CT_VOCs)
- Nerve Agent Metabolites (Urine, CT_Nerve_Agents)
- Atrazine/Ricinine Biomarker (Urine, CT_ABRC)
- Metabolic Toxins Panel (Urine, CT_MTP)
- Cyanide (Blood, CT_Cyanide)

CULTURE

- Bacterial Culture Source: _____
(Misc., wound, genital, respiratory)
- Viral Culture Source: _____
- Herpes Culture Source: _____
- Urine Culture
- Throat for Strep Only
- Stool Culture
- Stool Culture to Rule Out Salmonella / Shigella

State Clinics

- Hgb S (Sickle Cell Screen)

Data Entry by Lab:

- Influenza Source: _____

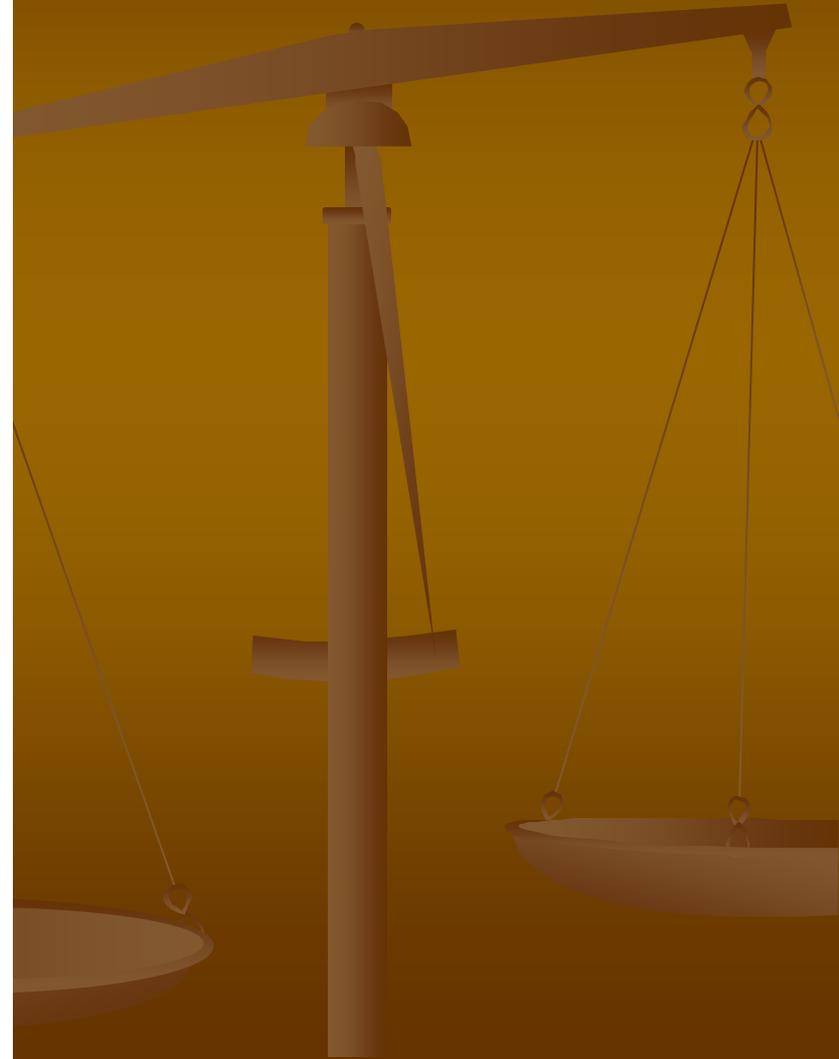
GONORRHEA / CHLAMYDIA DNA AMPLIFICATION QUESTIONS FOR YOUTH THROUGH AGE 18

- #Sexual partners during past 6 months?
- Had STD education in school? Yes No
- Past history Syphilis? Yes No
- Past history Chlamydia? Yes No
- Past history Gonorrhea? Yes No
- Past history other STD? Yes No
- Females-history of previous PID? Yes No
- Females-previous pregnancy? Yes No
- Under influence of drugs or alcohol during last sexual encounter? Yes No
- Used a condom last sexual encounter? Yes No

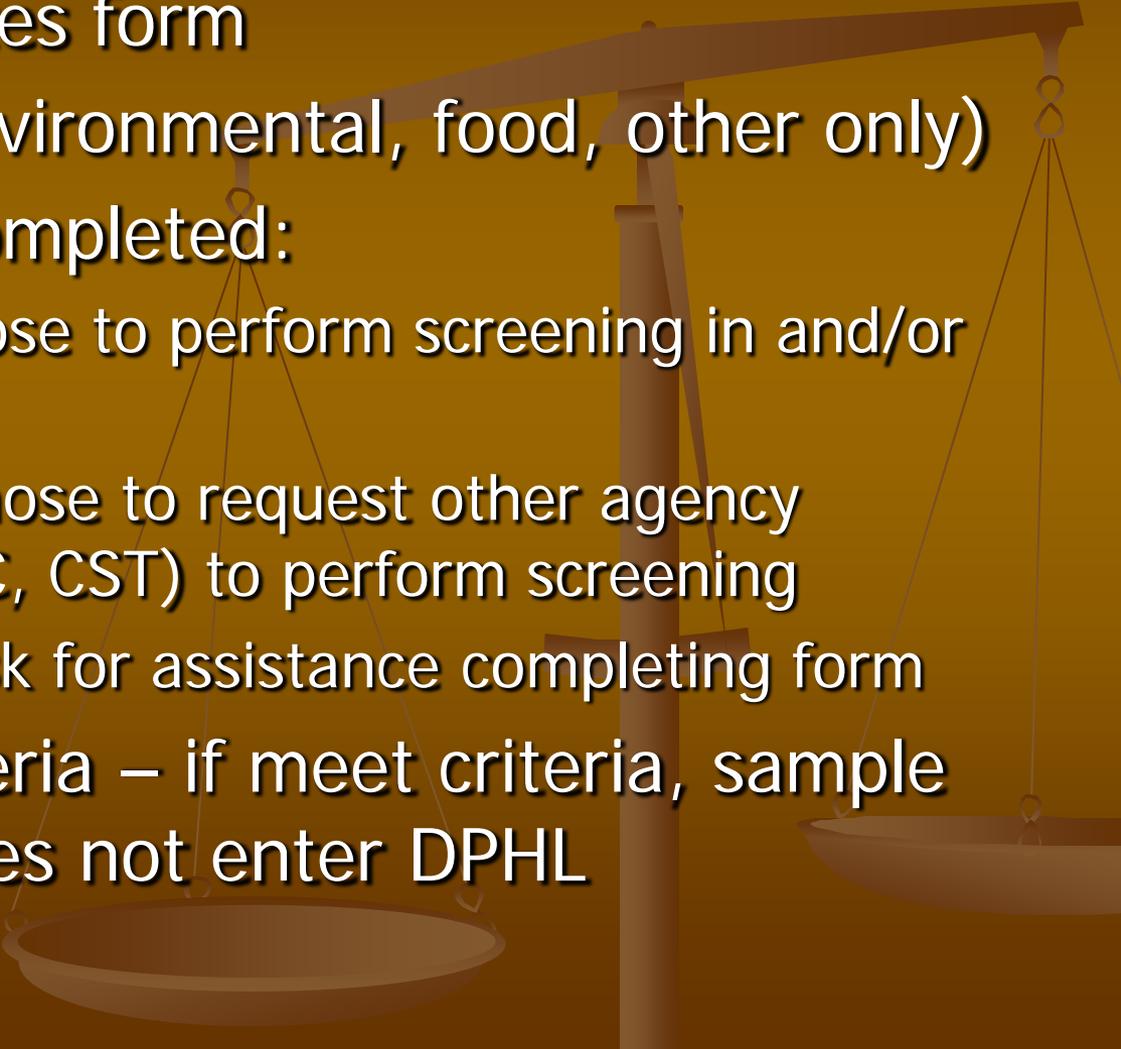
Check Contraceptive Method Used in Last Sexual Encounter:

- Abstinence
- Condom
- Condom and Spermicides
- Diaphragm
- Injectable contraceptive
- IUD
- Oral Contraceptive
- Spermicides
- No Method
- Other _____

LIMS Test Requisition



Field Screening Form



- Submitter completes form
- Required form (environmental, food, other only)
- If items are not completed:
 - Submitter may chose to perform screening in and/or at their vehicle
 - Submitters may chose to request other agency assistance (DNREC, CST) to perform screening
 - Submitters may ask for assistance completing form
- Lists rejection criteria – if meet criteria, sample is rejected and does not enter DPHL

DPHL Field Screening Record

Submitter / Tester:	Jamie Bethard	Date:	3/6/12
Location:	Wells Fargo Bank - Mgr. Office	Sample ID:	030612
Sample Description/Identifier:	white powder on desk; threat from employee possibly involved		

Screening Procedures

Test	Result	Rejection Range (Reject Sample)	Date & Time	Equipment / Method Used	Calibration / Control Passed (circle one):	Comments
Radiation	50	≥200 CPM (3X background)	3/6/12 1345	Identifier	<input checked="" type="radio"/> YES NO N/A	
CO	0	≥10 ppm	↓	Multi-rae	<input checked="" type="radio"/> YES NO N/A	
H ₂ S	0	≥1 ppm		<input checked="" type="radio"/> YES NO N/A		
LEL	0	≥10%		<input checked="" type="radio"/> YES NO N/A		
O ₂	20.8 20.8	<19.5%, >23.5%		<input checked="" type="radio"/> YES NO N/A		
VOC	0	≥10 ppm		<input checked="" type="radio"/> YES NO N/A		
Explosives test	None	Any positive result		<input checked="" type="radio"/> YES NO N/A	DropEX	
Oxidizer (starch paper)	None	Any positive result		<input checked="" type="radio"/> YES NO <input checked="" type="radio"/> N/A	Paper	
M8 paper	<input checked="" type="radio"/>	Any positive		<input checked="" type="radio"/> YES NO <input checked="" type="radio"/> N/A	Paper	
M9 paper	<input checked="" type="radio"/>	Any positive		<input checked="" type="radio"/> YES NO <input checked="" type="radio"/> N/A	Paper	
pH paper	7	None		<input checked="" type="radio"/> YES NO <input checked="" type="radio"/> N/A	Paper	
H ₂ O paper	None-H ₂ O used	None	<input checked="" type="radio"/> YES NO <input checked="" type="radio"/> N/A	Paper		
FTIR	Pesticide	None	3/6/12 1345	HazMat-ID	<input checked="" type="radio"/> YES NO N/A	
RAMAN	Aldicarb	None	↓	HazMat-ID	<input checked="" type="radio"/> YES NO N/A	
Biological HHA (specify):	Negative	None	↓	20/20 Kit	<input checked="" type="radio"/> YES NO N/A	
Biological HHA (specify):		None			<input checked="" type="radio"/> YES NO N/A	
Other (specify):					<input checked="" type="radio"/> YES NO N/A	
Other (specify):					<input checked="" type="radio"/> YES NO N/A	
Other (specify):					<input checked="" type="radio"/> YES NO N/A	
Other (specify):					<input checked="" type="radio"/> YES NO N/A	

Cleared for Preparedness Testing

Submitter printed name/signature:	Jamie Bethard	<input checked="" type="radio"/> YES	<input type="radio"/> NO (list reason):	
DPHL receiver printed name/signature:	Marion Fowler	<input checked="" type="radio"/> YES	<input type="radio"/> NO (list reason):	

Field Screening Interpretation Guide

Test	Total Result (Alpha, Beta, Gamma)	Gamma Result	Description	Action
Radiation	25 – 99 CPM	5 – 39 uR/hr (0.005 – 0.039 mR/hr)	1X – 2X background (Below Threshold)	None, continue testing.
Radiation	100 – 199 CPM	40 – 59 uR/hr (0.040 – 0.059 mR/hr)	2X – 3X background (At Threshold)	Utilize lead shield (alpha or beta) Immunocompromised, pregnant, or personnel with significant previous radiological exposure should not handle sample.
Radiation	200 CPM	100 uR/hr (0.1000 mR/hr)	Elevated (Above Threshold)	Reject sample.

Test	What is it?	Acceptable Range	Rejection Range	Caution Range	Cautions or Concerns	Caution Range Actions
CO	Carbon monoxide	0 – 1 ppm	≥10 ppm	2 ppm – 9 ppm	Asphyxiant and toxic gas present	Use high velocity chemical fume hood, possible SCBA.
H ₂ S	Hydrogen sulfide	0 – 1 ppm	≥1 ppm	N/A	Asphyxiant and toxic gas present	Reject sample.
% LEL	Lower Explosive Limit	0 – 1%	≥10%	2% – 9%	Flammable or combustible gas present	Use high velocity chemical fume hood, possible SCBA, non-sparking equipment.
(O ₂)	Oxygen	20.4 – 21.1 %	<19.5%, >23.5%	19.5% – 20.4% 21.1% – 23.5%	Oxygen deficient or rich atmospheres	Use high velocity chemical fume hood, possible SCBA.
VOC	Volatile organic compounds	0 – 1 ppm	≥10 ppm	2 ppm – 9 ppm	Volatile Organic Compound present, potentially flammable	Use high velocity chemical fume hood, possible SCBA.

Test	Positive Result	Caution or Concern for Positives
Explosives screen	N/A – test dependent	Reject sample – explosive substance present
Oxidizer (Starch paper)	Blue-purple or blue-purple spots	Reject sample – reactive substance present
M8 and/or M9 paper	Any color change is positive	Reject sample – possible chemical warfare agent (CWA) present
pH paper	Red (Acidic, below 5) Blue (Basic, above 9) Yellow/Green (neutral, 5 – 9)	pH > 8 alkaline, use neoprene gloves pH < 5 acidic, use butyl gloves pH >5, <8, use nitrile or chloroprene gloves
H ₂ O paper	Beading on surface (water present) Dissolves on surface (little water present)	Non-aqueous based sample affects testing.
FTIR and/or RAMAN	Variable results; matches library in instrument with wide range of interpretation	Consult Chemist for result interpretation.
Biological HHA (Held-Hand Assay)	Variable results;	All HHA are considered presumptive; consider results in laboratory risk assessment.
Other	Equipment and instrument dependent	Evaluate screening equipment utilized, interpretation may vary.

***For all rejected samples, refer to the “Rejected Preparedness Specimens Referral” for further laboratory referral and/or testing.**

DPHL Field Screening Record

Submitter / Tester:	Kelley Kennelwroth	Date:	03/13/12
Location:	DLTCRP - 3 Mill Road, Suite 308 Wilmington, DE	Sample ID:	WPO12031304T-KK
Sample Description/Identifier:	Threat letter with brownish powder and oily residue, received at Long Term Ombudsman Program office, aerosolized on opening		

Screening Procedures

Test	Result	Rejection Range (Reject Sample)	Date & Time	Equipment / Method Used	Calibration / Control Passed (circle one):	Comments
Radiation	350 CPM	≥200 CPM (3X background)	3/13/12, 1301	Identifinder Rad	YES NO N/A	¹³⁷ Cs/ ¹³³ Cs
CO	2 PPM	≥10 ppm ⁺	3/13/12, 1302	Multi-gas meter	YES NO N/A	
H ₂ S	0 PPM	≥1 ppm	3/13/12, 1302	Multi-gas meter	YES NO N/A	
LEL	0%	≥10%	3/13/12, 1302	Multi-gas meter	YES NO N/A	
O ₂	19.2%	<19.5%, >23.5%	3/13/12, 1302	Multi-gas meter	YES NO N/A	
VOC	0 ppm	≥10 ppm	3/13/12, 1302	Multi-gas meter	YES NO N/A	
Explosives test	Negative	Any positive result	3/13/12, 1303	Explosives test kit	YES NO N/A	
Oxidizer (starch paper)	Negative	Any positive result	3/13/12, 1303	Starch paper	YES NO N/A	
M8 paper	Negative	Any positive	3/13/12, 1303	M8 strip	YES NO N/A	
M9 paper	Negative	Any positive	3/13/12, 1303	M9 strip	YES NO N/A	
pH paper	2.2	None	3/13/12, 1303	pH paper	YES NO N/A	Smoldered when water added
H ₂ O paper	Non-aqueous / negative	None	3/13/12, 1303	VWR Water Best	YES NO N/A	Became goeey when added
FTIR	Mineral oil, hydrocarbon	None	3/13/12, 1303	HazMat ID	YES NO N/A	
RAMAN	Gold bond powder	None	3/13/12, 1307	Raman ID	YES NO N/A	
Biological HHA (specify):	Positive for protein	None	3/13/12, 1304	20/20 kit	YES NO N/A	
Biological HHA (specify):					YES NO N/A	
Other (specify):					YES NO N/A	
Other (specify):					YES NO N/A	
Other (specify):					YES NO N/A	
Other (specify):					YES NO N/A	

REJECTED

Cleared for Preparedness Testing

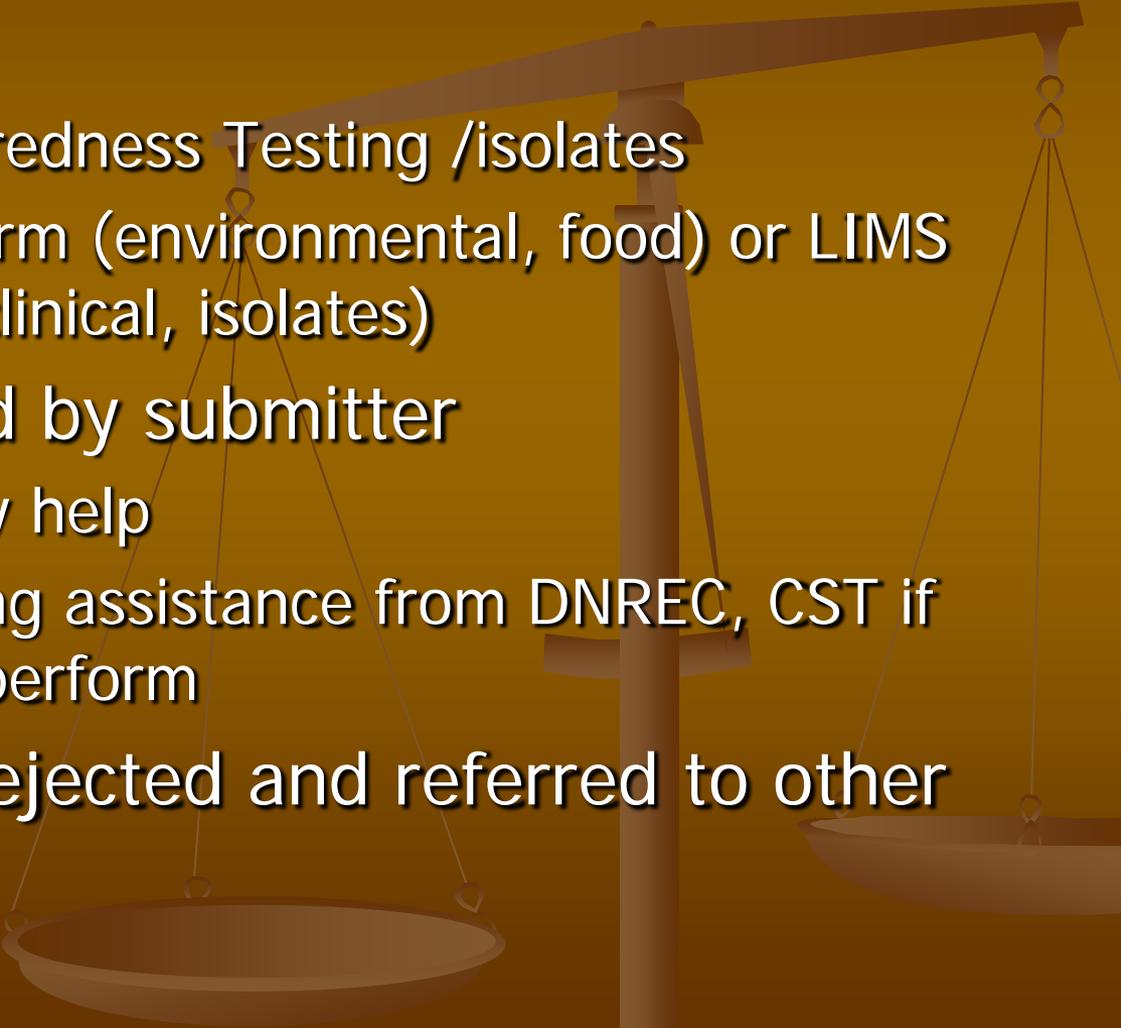
Submitter printed name/signature:	YES NO (list reason):
DPHL receiver printed name/signature:	YES NO (list reason):

Rejected Preparedness Specimens Referral Contact List

Test	Sample Type	Notifications	Laboratory Referral?	Laboratory Contact Information
Radiation	Environmental	<ul style="list-style-type: none"> • DEMA (877) 729-3362 • 31st CST (302) 353-8466 • DNREC ERB: (302) 632-0264 	YES – Radioisotope and hazard dependent	<ul style="list-style-type: none"> • National Air and Radiation Environmental Laboratory (NAREL) 540 South Morris Avenue Montgomery, AL 36115-2601 (334) 270-3400 petko.charles@epa.gov
	Clinical	<ul style="list-style-type: none"> • Office of Radiation Control: (302) 744-4546 • DEMA (877) 729-3362 • Public Health Preparedness: (302) 223-1720 	YES – Radiological identification and quantification	<ul style="list-style-type: none"> • CDC Sample Logistics Lab.: (770)-488-7227 (Radiological Testing, Clinical Chemical Testing)
	Food	<ul style="list-style-type: none"> • Food Emergency Response Network (FERN) Central Region: (651) 201-6085 • Health Systems Protection, Food Service Protection, Ralph Matthews, 302 744-4831 • DEMA (877) 729-3362 	YES – Radiological identification and quantification	<ul style="list-style-type: none"> • Food Emergency Response Network Kevin Vought, Sr. Staff Officer (Central) FERN-FSIS FERN National Program Office Athens, GA, (651) 201-6085 kevin.vought@fsis.usda.gov
Explosives	Environmental	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • Delaware State Police Explosive Ordinance Division (EOD) Headquarters: (302) 659-2341 	Yes – hazard dependent	<ul style="list-style-type: none"> • ERLN Help Desk: (703) 818-4200 erln_helpdesk@epag.gov (referral through EPA Lab Compendium)
	Clinical	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • Public Health Preparedness: (302) 223-1720 	Possible – dependent on hazard, preliminary screening	<ul style="list-style-type: none"> • CDC Sample Logistics Lab.: (770)-488-7227 (dependent on hazard and type in conjunction with ERLN)
	Food	<ul style="list-style-type: none"> • Food Emergency Response Network (FERN) Central Region: (651) 201-6085 • Health Systems Protection, Food Service Protection, Ralph Matthews, (302) 744-4831 • Delaware State Police Explosive Ordinance Division (EOD) Headquarters: (302) 659-2341 	Possible – dependent on hazard, preliminary screening	<ul style="list-style-type: none"> • ERLN Help Desk: (703) 818-4200 erln_helpdesk@epag.gov (referral through EPA Lab Compendium in conjunction with FERN)
Toxic Gases (CO, H ₂ S, %LEL, O ₂ , VOCs)	Environmental	<ul style="list-style-type: none"> • DEMA (877) 729-3362 • 31st CST (302) 353-8466 • DNREC ERB: (302) 632-0264 	YES – media dependent, fee for service	<ul style="list-style-type: none"> • DNREC Air Quality and Intoxicants Lab: (302) 323-4542 Joe Martini, Air Surveillance Branch Program, joseph.martini@state.de.us
	Clinical	<ul style="list-style-type: none"> • Public Health Preparedness: (302) 223-1720 	YES – chemical identification and quantification	<ul style="list-style-type: none"> • CDC Sample Logistics Lab.: (770)-488-7227 (Clinical Chemical Testing)
	Food	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • Food Emergency Response Network (FERN) Central Region: (651) 201-6085 • Health Systems Protection, Food Service Protection, Ralph Matthews, (302) 744-4831 		<ul style="list-style-type: none"> • Food Emergency Response Network (FERN): (651) 201-6085 Kevin Vought, Sr. Staff Officer (Central) FERN-FSIS FERN National Program Office Athens, GA, kevin.vought@fsis.usda.gov

Test	Sample Type	Notifications	Laboratory Referral?	Laboratory Contact Information
Oxidizers	Environmental	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • Delaware State Police Explosive Ordinance Division (EOD) Headquarters: (302) 659-2341 	Yes – hazard dependent	<ul style="list-style-type: none"> • Region 3 Environmental Science Center (410) 305-2732 701 Mapes Road Ft. Meade, MD 20755-5350 Cindy Caporale: caporale.cynthia@epa.gov • ERLN Help Desk: (703) 818-4200 erln_helpdesk@epag.gov
	Clinical	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • Public Health Preparedness: 302-223-1720 	Yes – Rapid Screen result dependent	<ul style="list-style-type: none"> • CDC Sample Logistics Lab.: (770)-488-7227 (Radiological Testing, Clinical Chemical Testing)
	Food	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • Food Emergency Response Network (FERN) Central Region: (651) 201-6085 • Health Systems Protection, Food Service Protection, Ralph Matthews, (302) 744-4831 	Yes – Hazard dependent	<ul style="list-style-type: none"> • Food Emergency Response Network Kevin Vought, Sr. Staff Officer (Central) FERN-FSIS FERN National Program Office Athens, GA, (651) 201-6085 kevin.vought@fsis.usda.gov • ERLN Help Desk: (703) 818-4200 erln_helpdesk@epag.gov (referral through EPA Lab Compendium)
M8 / M9 paper	Environmental	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • DEMA (877) 729-3362 • 31st CST (302) 353-8466 • ERLN Help Desk: (703) 818-4200 	Yes – agent dependent	<ul style="list-style-type: none"> • ERLN Help Desk: (703) 818-4200 erln_helpdesk@epag.gov Lab Compendium for individual lab
	Clinical	<ul style="list-style-type: none"> • DNREC ERB: (302) 632-0264 • DEMA (877) 729-3362 • Public Health Preparedness: 302-223-1720 	Yes – Rapid Screen result dependent	<ul style="list-style-type: none"> • CDC Sample Logistics Lab.: (770)-488-7227 (Radiological Testing, Clinical Chemical Testing)
	Food	<ul style="list-style-type: none"> • Food Emergency Response Network (FERN) Central Region: (651) 201-6085 • Health Systems Protection, Food Service Protection, Ralph Matthews, (302) 744-4831 • DNREC ERB: (302) 632-0264 • ERLN Help Desk: (703) 818-4200 • 31st CST (302) 353-8466 	Yes – agent dependent	<ul style="list-style-type: none"> • Food Emergency Response Network (FERN): (651) 201-6085 Kevin Vought, Sr. Staff Officer (Central) FERN-FSIS FERN National Program Office Athens, GA, kevin.vought@fsis.usda.gov (in coordination with ERLN if needed)

Reminders



- 3 required forms:
 - Chain of Custody
 - Request for Preparedness Testing /isolates
 - Field Screening Form (environmental, food) or LIMS Test Requisition (clinical, isolates)
- Must be completed by submitter
 - Lab personnel may help
 - Additional screening assistance from DNREC, CST if submitter cannot perform
- Samples CAN be rejected and referred to other laboratories

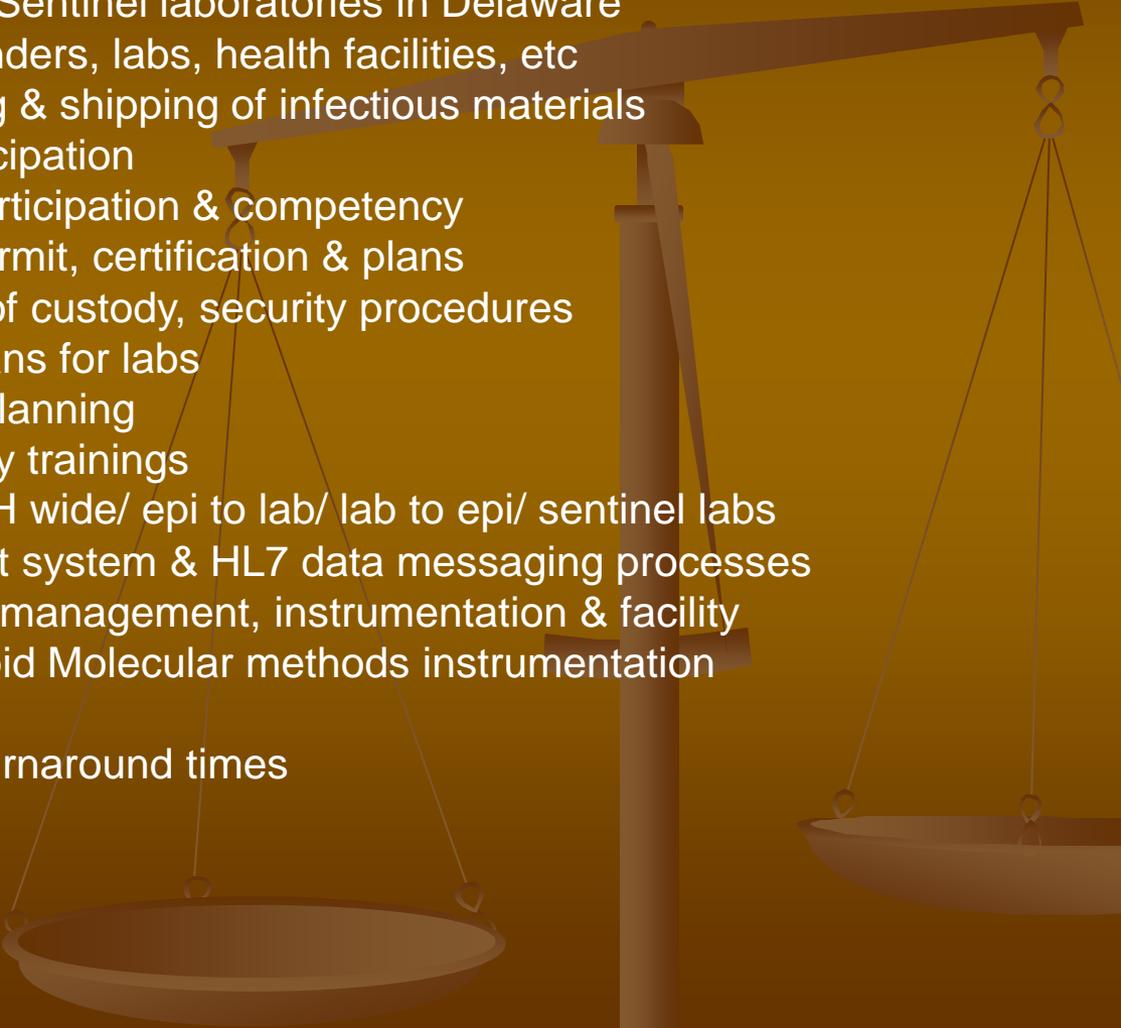
Questions?

- Forms are available from website
 - <http://www.dhss.delaware.gov/dhss/dph/lab/labs.htm>
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Public Health Preparedness (PHEP) Grant Laboratory Activities-

-shortened list of activities, required to perform quarterly for our Preparedness Grant.



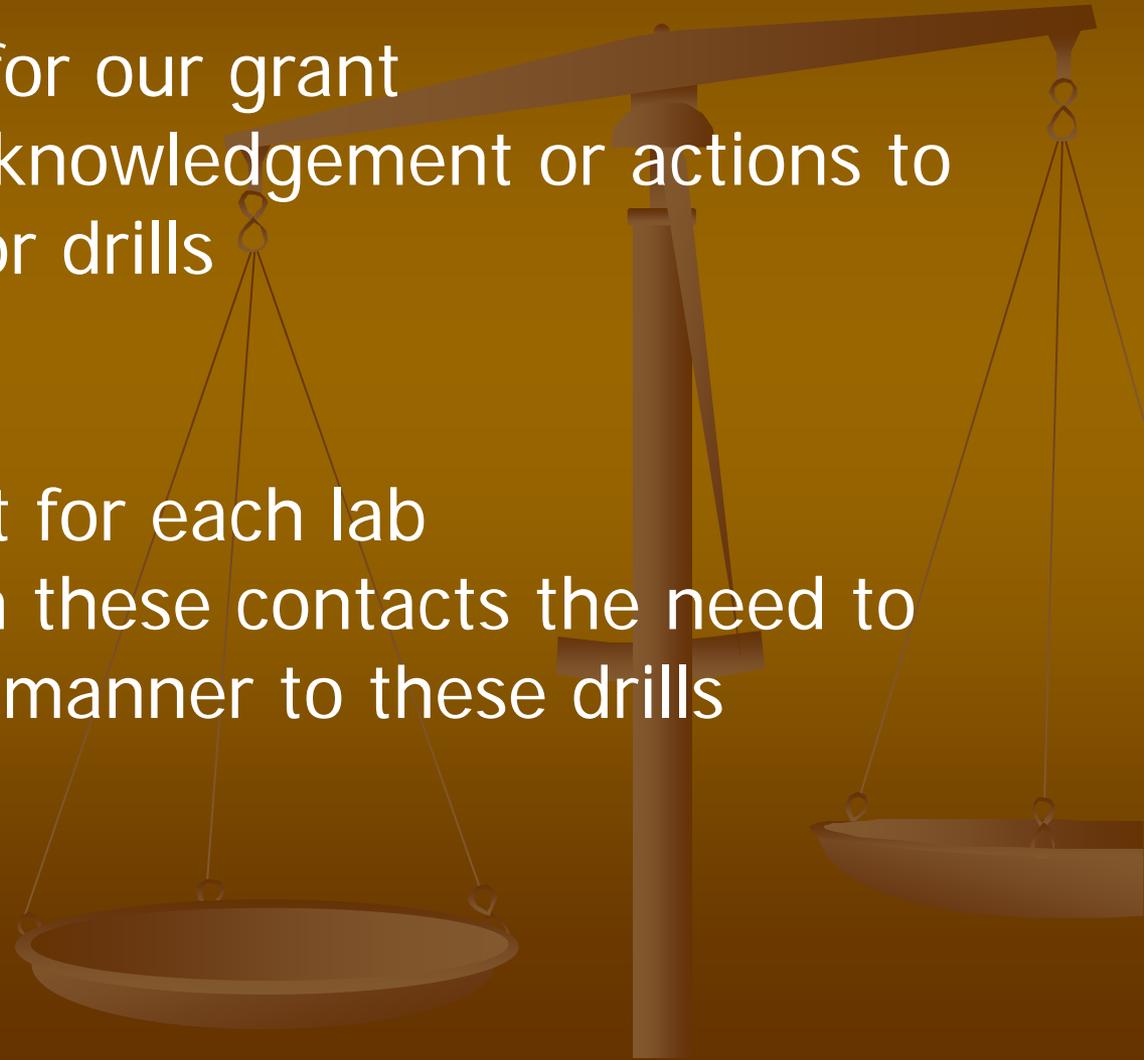
Biological & chemical terrorism testing competency & capabilities
Training & proficiency testing for all Sentinel laboratories in Delaware
Training & outreach for First Responders, labs, health facilities, etc
Training & certification for packaging & shipping of infectious materials
Exercise protocols, planning & participation
Unannounced proficiency testing participation & competency
Select Agent Registration, USDA permit, certification & plans
Preparedness plans, triage & chain of custody, security procedures
Continuity of operations (COOP) plans for labs
Laboratory surge & supply access planning
Biosafety, Select Agent & Biosecurity trainings
Communication drills – lab wide/DPH wide/ epi to lab/ lab to epi/ sentinel labs
Laboratory Information Management system & HL7 data messaging processes
Security & Maintenance of Records management, instrumentation & facility
Biosafety Level III Laboratory & Rapid Molecular methods instrumentation
Security/Safety Breach drills
Documentation of meeting testing turnaround times

PHEP Grant Performance Measures

- perform annually for our grant
- relying on your acknowledgement or actions to these notifications or drills

Sentinel labs

- Update contact list for each lab
- Communicate with these contacts the need to respond in a timely manner to these drills



Completed Drills

Time (start notification, arrival at DPHL) for initial LRN laboratorian to report for duty at DPHL. **Completed 9/21/2011- 29 minutes, all staff within 2 hours**

Time to complete notification from CDC Emergency Operations Center (EOC) (start) to on-call laboratorian to on-call epidemiologist to CDC EOC (stop) .**Completed Jan 23,2012 – time 12 minutes.**

Time to complete notification from CDC EOC (start) to on-call epidemiologist to on-call laboratorian to CDC EOC (stop). **Completed April 16, 2012- time 18 minutes**

Pending Drills

- Time (start, 50%, 90%, all) for sentinel clinical labs to acknowledge urgent message from DPHL LRN lab
- Time for CDC PHEP–funded laboratory to notify public health partners of significant laboratory results. (Start) time DPHL obtains a significant lab result; (stop) time when last partner was notified.

