



Boston Public Health Commission
 Infectious Disease Bureau
 1010 Massachusetts Avenue
 Boston, MA 02118
 Phone: 617-534-5611 Fax: 617-534-5905

Biologic Research Laboratory Reporting Form: High-Risk Agents and Other Reportable Agents

TYPE OF LABORATORY INCIDENT : Exposure (without associated illness) Infection

1. Call BPHC Infectious Disease Bureau at 617-534 5611 IMMEDIATELY.
2. Call BPHC Environmental Health Office at 617-534 5965 or email (biosafety@bphc.org).
3. Fax completed form to BPHC. Confidential fax number: (617) 534 5905.

Case Identification	NAME, LAST		FIRST		GENDER <input type="checkbox"/> male <input type="checkbox"/> female		
	STREET ADDRESS			APT. #	CITY	STATE	ZIP
	PHONE		CELL PHONE		DOB ___/___/___		AGE
	WAS CASE HOSPITALIZED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: from ___/___/___ to ___/___/___						

Exposure	TYPE OF EXPOSURE <input type="checkbox"/> ingestion <input type="checkbox"/> inhalation <input type="checkbox"/> percutaneous <input type="checkbox"/> other: _____ <input type="checkbox"/> animal bite <input type="checkbox"/> animal scratch <input type="checkbox"/> splash					
	SPECIES (IF ANIMAL RELATED)		AGENT (IF KNOWN)		INCIDENT DATE ___/___/___	
	CIRCUMSTANCES SURROUNDING INCIDENT					
	TREATMENT PROVIDED					

Infection/Exposure	CAUSATIVE AGENT (IF KNOWN)		ILLNESS ONSET DATE ___/___/___	
	TYPE OF INFECTION <input type="checkbox"/> bacteremia <input type="checkbox"/> constitutional <input type="checkbox"/> other (please describe): _____ <input type="checkbox"/> gastrointestinal <input type="checkbox"/> hepatitis <input type="checkbox"/> neurologic <input type="checkbox"/> respiratory <input type="checkbox"/> skin or soft tissue			
	Laboratory Test	Date Obtained	Result	
	___/___/___			
	___/___/___			

Site	ADDRESS	
	SITE OF INCIDENT	

NAME OF OCCUPATIONAL HEALTH OFFICER		PHONE NUMBER	REPORTING DATE ___/___/___
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Report infection (suspect or confirmed) or exposure due to the following agents to BPHC.

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HHS SELECT AGENTS AND TOXINS

- Abrin
- *Bacillus cereus* Biovar *anthracis*
- Botulinum neurotoxins
- Botulinum neurotoxin producing species of *Clostridium*
- Conotoxins
- *Coxiella burnetii*
- Crimean-Congo Haemorrhagic Fever virus
- Diacetoxyscirpenol
- Eastern Equine Encephalitis virus
- Ebola virus
- *Francisella tularensis*
- Lassa fever virus
- Lujo virus
- Marburg virus
- Monkeypox virus
- Reconstructed replication competent forms of 1918 pandemic influenza virus
- Ricin
- *Rickettsia prowazekii*
- SARS-associated coronavirus (SARS-CoV)
- Saxitoxin
- South American Haemorrhagic Fever viruses:
 - ◆ Chapare, Guanarito, Junin
 - ◆ Machupo, Sabia
- Staphylococcal enterotoxins A,B,C,D,E subtypes
- T-2 toxin
- Tetrodotoxin
- Tick-borne encephalitis complex (flavi) viruses:
 - ◆ Far Eastern subtype
 - ◆ Siberian subtype
 - ◆ Kyasanur Forest disease virus
 - ◆ Omsk hemorrhagic fever virus
- Variola major virus (Smallpox virus)
- Variola minor virus (Alastrim)
- *Yersinia pestis*

OVERLAP SELECT AGENTS AND TOXINS

- *Bacillus anthracis*
- *Bacillus anthracis* Pasteur strain
- *Brucella abortus*
- *Brucella melitensis*
- *Brucella suis*
- *Burkholderia mallei*
- *Burkholderia pseudomallei*
- Hendra virus
- Nipah virus
- Rift Valley fever virus
- Venezuelan equine encephalitis virus

OTHER BIOLOGICAL TOXINS, AGENTS, OR OCCUPATIONAL EXPOSURES

- Any Risk Group 4 agent requiring Biosafety Level 4 biocontainment, as permitted by BPHC.
- Any attenuated strain of a high-risk agent
- Avian influenza virus (highly pathogenic)
- Herpesvirus simiae (Herpes B or Monkey B virus)
- *Mycobacterium tuberculosis*
- *Neisseria meningitidis*
- Human Immunodeficiency Virus (HIV) 1 & 2
- Tick-borne encephalitis complex (flavi) viruses:
 - ◆ Absetterov
 - ◆ Central European encephalitis
 - ◆ Hanzalova, Hypr, Kumlinge
 - ◆ Russian spring-summer encephalitis viruses
- Vaccinia virus
- Research animal bites or scratches