

Agents of Bioterrorism: A Hands-on Workshop for the Sentinel Laboratory

WORKSHOP DESCRIPTION

This one-day program is designed to provide information to help clinical laboratorians see their role in the Laboratory Response Network as they rule-out organisms and serve as sentinels for persons who may fall ill due to a bioterrorist event. It will provide an overview of the clinical laboratories role in the presumptive identification of primary agents of bioterrorism including: anthrax, plague, tularemia, brucella, and burkholderia.

Laboratory demonstrations will outline the microbiology of these agents so that participants can recognize the culture, staining and biochemical characteristics. The safety implications of handling suspected organisms in clinical isolates and culture will be emphasized.

OBJECTIVES

At the completion of the workshop, participants will be able to:

- Discuss the clinical laboratorian's role in the presumptive identification of potential bioterrorism organisms (Rule out/Refer).
- Explain the safety implications of handling suspected pathogenic organisms in clinical specimens and isolates.
- Describe the laboratory characteristics of the most likely organisms to be involved in a bioterrorism event.

TARGET AUDIENCE

This intermediate level workshop is designed for laboratorians working in microbiology laboratories that handle clinical specimens. Due to safety concerns, only individuals with experience working at the bench may attend.

REGISTRATION

There is no charge for this workshop. Lunch will be on your own. Complete the attached registration form and fax or email it to:

Renee Beckham

Fax: (512) 458-7431

Email: renee.beckham@dshs.state.tx.us

Workshop Date:

June 1, 2011

Registration Deadline:

May 20, 2011

9:00 am - 4:00 pm

-Confirmation of registration and directions will be emailed or faxed.

-Space is limited to 10 slots on a first come first served basis.

WORKSHOP TO BE HELD AT:

Department of State Health Services
Bureau of Laboratories Building
1100 West 49th Street
Austin, TX 78756

**Emergency Preparedness Branch
Texas Department of State Health Services**



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Participant Information:

Name: _____

Hospital: _____

Address: _____

City: _____ Zip code: _____

Phone: _____ Fax: _____

Email address: _____

Preferred method of contact:

Fax

Email

