Please use this procedure when susceptibility testing is required for a *Coccidioides immitis*/*posadasii* isolate. **FED EX** is the recommended carrier for **SELECT AGENTS**.

1. Call FTL @ 210-567-4131 to inform them that you require a FORM 2 to ship a Select Agent.

2. The FTL will FAX page 1 of the FORM 2 with SECTION A, FIELDS 1-12 completed and the RO signature at the bottom.


   **PLEASE NOTE**, the FTL will not receive any Select Agent material other than *Coccidioides immitis*/*posadasii*.

4. Fax completed page 1 to FTL @ 210-567-4076.

5. The FTL will then submit this page to the CDC for approval.

6. Upon receipt of approval, the FTL will FAX page 2 of the FORM 2 to you with the Authorization Number and Expiration Date added.

7. Complete SECTION D AND SECTION E along with SENDER SIGNATURE, TITLE, and DATE.

   a. Fax completed page 2 of FORM 2 to the FTL @ 210-567-4076
   b. Fax completed page 2 of FORM 2 to CDC @ 404-718-2096
   c. Include a copy of page 2 of FORM 2 in the package containing the *Coccidioides* species.

8. Package and ship isolate in accordance with DOT regulations, 49 CFR as a Division 6.2 Infectious Substance, Category A (Infectious Substances, Affecting Humans, UN2814). See Shipping of Biological Specimens on FTL Site (http://pathology.uthscsa.edu/strl/fungus/index.shtml)

Upon receipt of package, the FTL will complete SECTION 3 AND RO SIGNATURE at bottom of page 2 of FORM 2 and will FAX a copy to both CDC and to Referring Laboratory.