



**G-27 Biothreat Environmental Specimen Submission Form
(SEP 2016)**
CAP # 3024401 CLIA # 45D0660644
Laboratory Services Section, MC-1947
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<http://www.dshs.texas.gov/lab>
<http://www.dshs.texas.gov/lab/epr.shtm>

*****For DSHS Use Only***
Place DSHS Bar Code Label Here**

Please PRINT-all FIELDS MUST be FILLED IN-Enter N/A if Appropriate

Has FBI been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO					NPR assessment <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5				
Section 1. SUBMITTER					Section 2. Reporting Information				
Submitting Agency Case #		Submission Date		Submitter #			Agency/Submitter Name		
Agency / Submitter Name					Address				
Address					City		State	Zip Code	
City		State	Zip Code	Phone #		Fax #		Email Address	
Email Address		Signature			Email Address				

Section 3. HAZMAT SCREEN

RESULTS OF HAZARDOUS MATERIAL SCREEN DONE BY SUBMITTING AGENCY
(The Laboratory may REJECT Specimens that have not been subject to a Hazard Material Screen)

Explosive Flammable Oxidizer

Protein Radioactive Corrosive (pH)

Section 4. SAMPLE COLLECTION & SIZE LIMITATION

- At a minimum, all materials submitted for testing must be placed in sealed, triple containers
- Outer packaging must be treated with a disinfectant effective against bacterial spores, e.g., 10% bleach
- Material packaging must not exceed 15" x 15" x 15"
- If suspect material is a liquid, submit 5 ml (5 cc)
- Samples can only be returned to the submitter

Section 5. SUBMITTED ITEMS

All Negative Samples will be Destroyed unless otherwise Indicated

Item #	Description	Return to Submitter?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

FOR LABORATORY USE ONLY: CHAIN OF CUSTODY

Case # _____

Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Received by: (print/sign)	Date:	Time:
Agency:		
Comment:		
Sample Description :		
Additional Comments or Instructions:		