



remember 1-7

 
1 FORM = 1 SAMPLE
Please complete a separate form
for each specimen submitted

SPECIMEN BARCODE

This Space for DSHS Laboratory Use Only

F40-C Biothreat Specimen Submission Form

Has FBI been notified? <input type="checkbox"/> YES <input type="checkbox"/> NO				SECTION 2. REPORTING INFORMATION			
SECTION 1. SUBMITTER				Agency/Submitter Name			
** REQUIRED	Submitting Agency Case #		Submission Date		Submitter #		
	Agency / Submitter Name						
	Address						
	City		State	Zip Code	Phone #	Fax #	
	Email Address			Signature			
	Address *						
City *		State	Zip Code	Phone Number *		Fax #	
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 <input type="checkbox"/>		Flammable <input type="checkbox"/>		Oxidizer <input type="checkbox"/>			
Protein <input type="checkbox"/>		Radioactive <input type="checkbox"/>		Corrosive (pH) <input type="checkbox"/>			
Section 4. SAMPLE COLLECTION & SIZE LIMITATION							
<ul style="list-style-type: none"> 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 each contact time: 10 minutes. 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)		Received by: (sign)		Date:	Time:		
Agency:							
Comment:							
Received by: (print)		Received by: (sign)		Date:	Time:		
Agency:							
Comment:							
Received by: (print)		Received by: (sign)		Date:	Time:		
Agency:							
Comment:							
Additional Comments or Instructions:							