

Has FBI been notified? YES** NO

****REQUIRED**

SECTION 1. SUBMITTER

** REQUIRED	Submitter #**		Submission Date**		Submitting Agency Case #	
	Agency / Submitter Name**					
	Address**					
	City**		State**	Zip Code**	Phone #**	
	Email Address**				Fax #**	



TEXAS
Health and Human
Services

Texas Department of State
Health Services

CAP# 3024401

CLIA #45D0660644

Questions? BioThreat Team 24/7: (512) 689-5537
Chemical Threat Team 24/7: (512) 689-9945

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

G-27 Biothreat Environmental Specimen Submission Form

Section 3. HAZMAT SCREEN

RESULTS OF HAZARDOUS MATERIAL SCREEN

(The Laboratory WILL 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, PACKAGING & 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, ex., 10% bleach 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

Provide an itemized list of contents, Ex. Opened water with powder from Capitol building. Final disposition will be discussed when final results are available.

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**

Delivered by: (print) **	Delivered 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:			
Received by: (print)	Received by: (sign)	Date:	Time:
Agency:			
Comment:			
Received by: (print)	Received by: (sign)	Date:	Time:

Agency:		
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<https://www.dshs.texas.gov/laboratory-services/programs-laboratories/emergency-response>

Public Health Laboratory Division | Attention: BioThreat Team, DSHS Laboratory 1100 W. 49th St. Austin, TX 78756

SAMPLE DO NOT USE