



AFFIX SAMPLE BARCODE
 OR LAB TESTING ID HERE

REQUEST FOR NON-CLINICAL PREPAREDNESS TESTING

Submitter Information- deliver sample to the rear of the building

Submitter Agency		
Submitter Name (Print)		
Organization Address:		
City	State	Zip
Contact person for results		Phone No.:
Sample Collection Date/Time	Sample location and conditions	
Additional Information:		

INCIDENT INFORMATION

Incident Description:	
Incident Address:	
Signs, Symptoms & Onset	
Level of Risk:	<input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Exercise

Sample Information

Sample Classification:	<input type="checkbox"/> Environmental <input type="checkbox"/> Food <input type="checkbox"/> Other _____
Sample ID (matches CoC barcode):	
Sample type: (be specific)	# of samples:
<input type="checkbox"/> Powder: <input type="checkbox"/> Letter: <input type="checkbox"/> Swab Other (specify)	# of containers:
	Container type:
	Testing requested: BT/CT analysis PCR Culture
<input type="checkbox"/> Includes (list number): <input type="checkbox"/> Duplicates <input type="checkbox"/> Spiked Samples _____ <input type="checkbox"/> Spiked Duplicates _____ <input type="checkbox"/> Blanks _____	

INSTRUCTIONS: The Laboratory Director or designee must give verbal permission prior to sending any samples. Chain of Custody required for each sample. (Please print or type responses).

Reminder: Field Screening Form must accompany this form.