



State of Washington
 Department of Health
 PUBLIC HEALTH LABORATORIES
 1610 N.E. 150th Street
 Shoreline, WA 98155-9701
 Phone (206) 418-5400
 Fax (206) 364-0072

PHL USE ONLY

PHL BIOTHREAT ENVIRONMENTAL SAMPLE SUBMISSION CHAIN-OF-CUSTODY FORM

INSTRUCTIONS: All samples submitted to the Public Health Labs for testing **MUST** follow the Notification Procedure for Suspected Threat Incidents. You **MUST** receive verbal permission from the Washington State Epidemiology section prior to sending the sample. **All samples MUST be screened for EXPLOSIVES** prior to submission to the Public Health Labs. No samples will be accepted without this screening. All samples submitted for testing must include this fully completed submission form. Failure to fully complete this form may delay testing results.

SAMPLE INFORMATION		SUBMITTER INFORMATION			
1. DESCRIPTION OF SAMPLE		8. SUBMITTING AGENCY		9. SUBMITTER NAME	
2. TYPE OF MATERIAL (check all that apply): <input type="checkbox"/> POWDER <input type="checkbox"/> SOLID <input type="checkbox"/> LIQUID <input type="checkbox"/> GAS <input type="checkbox"/> MIXTURE _____		10. SUBMITTER STREET ADDRESS			
3. INCIDENT DESCRIPTION		11. COUNTY	12. STATE	13. ZIP	14. EMAIL
4. INCIDENT STREET ADDRESS		15. NAME OF PERSON RECEIVING REPORT			
5. COUNTY OF INCIDENT	6. TIME OF COLLECTION <input type="checkbox"/> AM <input type="checkbox"/> PM	16. PHONE NO ()		17. FAX NO ()	
7. RISK ASSESSMENT (check all that apply): Stated or implied threat <input type="checkbox"/> NO <input type="checkbox"/> YES Visible substance <input type="checkbox"/> NO <input type="checkbox"/> YES Uncertain or suspicious origin <input type="checkbox"/> NO <input type="checkbox"/> YES Human Illness/casualties associated with Event <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> No Apparent Risk Indicators <input type="checkbox"/> Low Risk Indicators <input type="checkbox"/> High Risk Indicators		18. RISK ASSESSMENT PERFORMED BY (Print name):		19a. DATE/TIME DATE: ___/___/20___ TIME: _____ am / pm	
		19. SIGNATURE			

FIELD HAZARD SCREENS OF SAMPLE					MANDATORY NOTIFICATION PRIOR TO SUBMISSION		
ON-SITE INCIDENT SCREEN (Did you test for?)	METHOD/ INSTRUMENT	DATE/TIME	RESULTS	TECH ID	26. FEDERAL BUREAU OF INVESTIGATION (FBI)	CONTACT NAME Phone number:	DATE ___/___/20___ TIME _____ am / pm
20. Bomb Tech Screen* (if unopened) <input type="checkbox"/> Yes <input type="checkbox"/> No					27. LOCAL HEALTH DEPT	CONTACT NAME COUNTY	DATE ___/___/20___ TIME _____ am / pm
21. Explosives* <input type="checkbox"/> Yes <input type="checkbox"/> No					28. WA STATE EPIDEMIOLOGY	CONTACT NAME	DATE ___/___/20___ TIME _____ am / pm
22. Reactive Chemicals <input type="checkbox"/> Yes <input type="checkbox"/> No					Comments:		
23. Chemical pH (wet) <input type="checkbox"/> Yes <input type="checkbox"/> No							
24. Radioactivity <input type="checkbox"/> Yes <input type="checkbox"/> No							
25. Volatile Organics <input type="checkbox"/> Yes <input type="checkbox"/> No							

ALL SAMPLES MUST BE PRE-SCREENED FOR EXPLOSIVES PRIOR TO ENTRY INTO THE PHL

PHL USE ONLY

29. CHAIN OF CUSTODY-SAMPLE TRANSFER: (Each person receiving or relinquishing the sample must sign below)

Relinquished Custody	Agency/Organization	Date/Time	Received Custody	Agency/Organization	Date/Time
Print Name:		____/____/____	Print Name:		____/____/____
Signature:		_____ am / pm	Signature:		_____ am / pm
Print Name:		____/____/____	Print Name:		____/____/____
Signature:		_____ am / pm	Signature:		_____ am / pm

30. INTERNAL SAMPLE TRANSFER: (Each person receiving or accessing the sample must sign below) **LABORATORY USE ONLY.**

Relinquished by	Reason/Amount	Date/Time	Received by	Date/Time
Print Name:		____/____/____	Print Name:	____/____/____
Signature:		_____ am / pm	Signature:	_____ am / pm
Print Name:		____/____/____	Print Name:	____/____/____
Signature:		_____ am / pm	Signature:	_____ am / pm

31. Release or Destruction of Sample(s)

Upon final completion of all testing the submitter will be contacted regarding the release or destruction of the submitted sample(s) stated above. The Washington State Department of Health Public Health Lab will destroy the submitted sample(s) on behalf of the submitter. If destruction is desired, the submitter must complete the form below in-person or fax to (206) 418-5445.

Release of all Sample(s) must be picked up in person and cannot be mailed

32.	<input type="checkbox"/>	<u>Relinquished Custody</u>	<u>Agency/Organization</u>	<u>Date/Time</u>	<u>Received Custody</u>	<u>Agency/Organization</u>	<u>Date/Time</u>
	RELEASE	Print Name:		____/____/____	Print Name:		____/____/____
		Signature:		_____ am / pm	Signature:		_____ am / pm
33.	<input type="checkbox"/>	<u>Request from</u>	<u>Agency/Organization</u>	<u>Date/Time</u>	<u>Destroyed by</u>	<u>Agency/Organization</u>	<u>Date/Time</u>
	DESTROY	Print Name:		____/____/____	Print Name:		____/____/____
		Signature:		_____ am / pm	Signature:		_____ am / pm