

# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## Bureau of Clinical Laboratories

8140 AUM Drive, PO Box 244018  
Montgomery, Alabama 36124-4018  
(334) 260-3400

Lab# \_\_\_\_\_

Date Rec'd \_\_\_\_/\_\_\_\_/\_\_\_\_

Time Rec'd \_\_\_\_\_

### BIOTERRORISM / CHEMICAL TERRORISM ENVIRONMENTAL SUBMISSION FORM

**PLEASE SUBMIT A SEPARATE FORM FOR EACH SAMPLE**

**Please Print Clearly**

Collection Site (e.g. Name of business, school, residence, etc.): \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Street Address (No PO Box): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Exact Location (e.g., Basement, corridor, specific room, etc.): \_\_\_\_\_

Date Collected: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time Collected: \_\_\_\_\_ BT Agent(s) Suspected: \_\_\_\_\_

Anyone Exposed?  Yes How many? \_\_\_\_\_  No  Unknown

Collection Mechanism:  Swab  Wipe  Other \_\_\_\_\_

**Sample Description** (e.g., color of powder, material swatch, letter, surface swipe, etc.):

Sample description is same as indicated on the Chain of Custody Form

Sample is not described or is different from description on Chain of Custody (describe) \_\_\_\_\_

Other Information (e.g. ventilation factors – A/C on/off, windows open, open air situation): \_\_\_\_\_

Has sample been field tested for a biological agent?  No  Yes What agent was indicated by the test? \_\_\_\_\_

**NOTE: Please contact The Center for Emergency Preparedness at 1-800-338-8374 prior to submission.**

### Laboratory Use Only

Sample Description (describe sample received, if different from above) \_\_\_\_\_

Results: \_\_\_\_\_

Methodology:  Conventional (Biochemicals, DFA, etc.)  TRF  PCR  Chemical Screen  Other \_\_\_\_\_

Analyst: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Analyst: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

Analyst: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_ Analyst: \_\_\_\_\_ Date Reported: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Environmental reports mailed to FBI only.**

Mail To: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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### CHAIN - OF - CUSTODY

#### **Collector's Information** (Please Print Clearly)

Collector's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Collector's Organization: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Sample/Specimen Description (e.g. identifier, number, quantity, and type/description): \_\_\_\_\_

Mandatory screening proved negative for:  Explosive devices  ChemT agents  Radioactivity  \*Screened positive for: \_\_\_\_\_

Screened By (Print): \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

\* Please contact the laboratory before submitting any sample that screened positive.

#### **FBI Information Only**

FBI Approval (Agent's name) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Agent's Duty Station (City) \_\_\_\_\_ Case ID # \_\_\_\_\_

Please call:  Results  For Sample Disposition To Agent \_\_\_\_\_ at ( ) \_\_\_\_\_ - \_\_\_\_\_

#### **Custody Transfer**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

#### **Laboratory Use Only**

Lab # \_\_\_\_\_

Sample/Specimen received by lab: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sample/Specimen received by lab: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### **Sample Disposition Checklist**

Analyst who called agent: \_\_\_\_\_

Date analyst called: \_\_\_\_\_

Time analyst called: \_\_\_\_\_

Date sample discarded: \_\_\_\_\_

Time sample discarded: \_\_\_\_\_

Sample returned/forwarded to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Time: \_\_\_\_\_