OKLAHOMA STATE DEPARTMENT OF HEALTH BT COLLECTION FORM

4615 W. Lakeview Rd., Stillwater, OK 74075

PH (405) 564-7750 or (405) 406-3511 (24/7 PUBLIC HEALTH LABORATORY)

|  |  |
| --- | --- |
| CASE ID: DATE:  | ***LABORATORY USE ONLY*** |
| Accession Number: |
| **Responsible Contact(s)** |  |
| Name(s) |  |
| Organization(s) |  |
| Address & Phone Number |  |
| Description of Property |  |
| **Screening Results** | **Tested** | **Results** | **Method Used - PHL will not accept unscreened samples.** |
| Radiation | *(required)* | **Y / N** | **Pos / Neg** |  |
| Corrosives | *(required)* | **Y / N** | **Pos / Neg** |  |
| Flammables | *(required)* | **Y / N** | **Pos / Neg** |  |
| Oxidizers | *(required)* | **Y / N** | **Pos / Neg** |  |
| Toxics | *(required)* | **Y / N** | **Pos / Neg** |  |
| Biological Agent | **Y / N** | **Pos / Neg** |  |
| **Sampling Information** |  |
| Date/Time of Collection |  |
| Location & Area Description |  |
| Method of Collection |  |
| Type of Sample | **Source** | **Powder** | **Filter** | **Other:** |
| **Known Exposures** |  |
| **Yes** |  | **No** |  |
| **Additional Sampling Notes** |
|  |
|  |
| **Chain-of-Custody** |
| Collector(s):  | Organization:  |
| Signature:  | Phone:  |
|  |  | Date: | Time: |  |
| Received by:  | Organization:  |
| Signature:  | Phone:  |
|  |  | Date: | Time: |  |
| Received by:  | Organization:  |
| Signature:  | Phone:  |
|  |  | Date: | Time: |  |
| Received by:  | Organization:  |
| Signature:  | Phone:  |
|  |  | Date: | Time: |  |
| Received by:  | Organization:  |
| Signature:  | Phone:  |
|  |  | Date: | Time: |  |
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| Signature:  | Phone:  |
|  |  | Date: | Time: |  |
| Received by:  | Organization:  |
| Signature:  | Phone:  |
|  |  | Date: | Time: |  |

CALL PHL TO COORDINATE PICKUP