

Bioterrorism Collection / Chain of Custody Form

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 <i>(required)</i>	Y / N	Pos / Neg	_____
Corrosives <i>(required)</i>	Y / N	Pos / Neg	_____
Flammables <i>(required)</i>	Y / N	Pos / Neg	_____
Oxidizers <i>(required)</i>	Y / N	Pos / Neg	_____
Toxics <i>(required)</i>	Y / N	Pos / Neg	_____
Biological Agent	Y / N	Pos / Neg	_____
Sampling Information			
Date/Time of Collection _____			
Location and Area Description _____			
Method of Collection _____			
Type of Sample	Source	Powder	Filter Other: _____
Known Exposures			
Yes	No	Describe: _____	
Additional Sampling Notes			
Chain-of-Custody			
Collector(s): _____		Organization: _____	
Signature: _____		Phone: _____	
Date: _____	Time: _____	AM/PM	
Collector(s): _____		Organization: _____	
Signature: _____		Phone: _____	
Date: _____	Time: _____	AM/PM	
Collector(s): _____		Organization: _____	
Signature: _____		Phone: _____	
Date: _____	Time: _____	AM/PM	
Collector(s): _____		Organization: _____	
Signature: _____		Phone: _____	
Date: _____	Time: _____	AM/PM	
Collector(s): _____		Organization: _____	
Signature: _____		Phone: _____	
Date: _____	Time: _____	AM/PM	
Collector(s): _____		Organization: _____	
Signature: _____		Phone: _____	
Date: _____	Time: _____	AM/PM	