OKLAHOMA State Department of Health

Public Health Laboratory

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Chemical or Radiological Threat 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		
Sample Collection *(check box)*	**Sample Type** *(circle)*	**Additional Information**
Chemical ☐	Blood / Urine *(Both sample types for adults; urine only for children)*	*Blood:* Three (3) 4-mL purple-top tubes, followed by one (1) 4-mL green/gray-top tube. If 4 mL tubes are not available, substitute accordingly, and ensure that 12 mL of blood are collected in purple-top tubes and 4 mL in green/gray tubes. Seal tubes with Parafilm to prevent spills during transport. *Urine:* 40-60 mL in screw-cap urine cup. Parafilm top or place in leak-proof polybag to prevent specimen from spilling.
Radiological ☐	Urine	Collect 40-60 mL of urine in a screw-cap urine cup. Parafilm each tube to prevent spillage during transport.

Sampling Information	
Date/Time of Collection	
Location and Area Description *(for blood collection)*	
Method of Collection	
Type of Sample	Source Other: _____

Known Exposures	
Yes No	Describe:_____

Additional Sampling Notes

Chain-of-Custody

Collector(s): _____ Organization: _____
Signature: _____ Phone: _____
Date: _____ Time: _____AM/PM

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Signature: _____ Phone: _____
Date: _____ Time: _____AM/PM

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