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: |
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| Signature: | | | | | | | Phone: |
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| Signature: | | | | | | | Phone: |
|  |  | Date: | | Time: | | |  |
| Received by: | | | | | | | Organization: |
| Signature: | | | | | | | Phone: |
|  |  | Date: | | Time: | | |  |

CALL PHL TO COORDINATE PICKUP