



Sonoma County Public Health Laboratory
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Sample Submission Form
Environmental Sample for
LRN Biological Threat Agent Testing

Date stamp _____

Sample Information

Incident identifier _____ Collection Date/Time _____

Collection site (name & address) _____

Site contact (name, phone, FAX) _____

Sample description (for a swab or wipe of a residual powder list the following: sampling materials, surface area sampled, and solution used to wet swab/wipe, including lot number and source) _____

Credible Biothreat Assessment Criteria

- Stated or Implied Threat no yes details _____
- Visible, testable Material no yes details _____
- Uncertain or suspicious Origin no yes details _____
- Exposure or Illness no yes details _____
- Targeted individual or public no yes Illness _____
- First Responder no yes Illness _____
- Sample Collectors no yes Illness _____
- Credible Threat (FBI-led)? no yes other _____
- Incident Report attached no yes
- Evidence(Is sample evidence?) no yes

Investigating agencies & contact information

HAZMAT/Fire Dept.	FBI/Law Enforcement	Public Health
_____	_____	_____
_____	_____	_____
_____	_____	_____

Field hazards screen performed? no yes (attach copy of field screening report)
 Location performed (if different than collection site) _____

* All samples must be negative by field screens to be accepted at laboratory.

Sample Collector information

Name _____
 Organization _____
 Address _____
 Telephone _____ Fax _____

Sample Submitter information

same as Collector

Name _____
 Organization _____
 Address _____
 Telephone _____ Fax _____

Sample Delivery to laboratory information

Name (print) _____ Title _____
 Organization _____ Badge number _____

Hazmat Agency Name: _____

Field Screening Matrix Sheet

Location:		Screening Team:	
Date:		Time:	

Sample #	Phases	Color	Rad (R/hr)*	pH	Flamable (% LEL)	PID/VOC (ppm)	H ₂ S (ppm)	O ₂ (%)	CO (ppm)	H ₂ O (+/-)	Observations/Comments/Other Screening Methods Used
Background											

* = Dose rate on contact

Monitoring Instruments Used:

_____	_____
_____	_____
_____	_____