



Laboratory Services Bureau

Emergency Sample Information Form

Case No: _____
 YYYYMMDDTIME

Initial Contact Information: REQUIRED

Person Receiving Call:	Date:	Time:
Initial Caller:	Agency:	Phone Number:
Incident Location:	Collection Site:	
On Scene Contact:	Agency:	Phone Number:
Person Collecting Sample:	Agency:	Phone Number:

Event Description: (may include responders present and site actions taken)

Threat Assessment: REQUIRED

Anyone Exposed? <input type="checkbox"/> NO <input type="checkbox"/> YES Approximate # _____	Any Fatalities? <input type="checkbox"/> NO <input type="checkbox"/> YES Approximate # _____	Any Symptoms of Exposure? <input type="checkbox"/> NO <input type="checkbox"/> YES List all:
Has it been deemed a LEGAL Credible Threat? <input type="checkbox"/> NO <input type="checkbox"/> YES By whom? FBI Law Enforcement Fire Dept Other	Name:	Phone Number:
Has it been deemed a PUBLIC HEALTH Credible Threat? <input type="checkbox"/> NO <input type="checkbox"/> YES If yes, Name of Agency:	Name:	Phone Number:

Reason for Sampling (overt threat, suspicious circumstances, etc):

Expectations for Sampling (minimum testing, expanded testing, confirm field tests, intelligence suspicions, etc):

Were samples taken with Laboratory Approved Kits? DWES Rapid Toxic Screen Protocol No

If not, is the sample Double Bagged and Over-packed? NO YES If no, describe required safety precautions:

Number of samples collected:	Estimated Arrival Time:	Transporter:
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Sample Collection Pre-Screening Information: REQUIRED

Sample Package Decontaminated? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown	Method:
Sample Checked for Radiation? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown	Levels above background? <input type="checkbox"/> NO <input type="checkbox"/> YES
Unopened Package Checked and found NEGATIVE for: <input type="checkbox"/> Explosives <input type="checkbox"/> Incendiaries <input type="checkbox"/> Pressurized Devices <input type="checkbox"/> N/A	
Have any Field Test Been Performed? <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> Unknown If yes, complete table Field Test Results	
Samples Taken/Tested by: <input type="checkbox"/> Water Operator <input type="checkbox"/> Sanitarian <input type="checkbox"/> LE/Fire <input type="checkbox"/> Hazmat <input type="checkbox"/> CST <input type="checkbox"/> EPA <input type="checkbox"/> Other:	



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Physical Properties of Sample: REQUIRED

Sample Type: Envelope Package Swab Air Collection Jar/Tube Other:

Physical State:	Liquid Viscosity: <input type="checkbox"/> Water <input type="checkbox"/> Oil <input type="checkbox"/> Honey <input type="checkbox"/> Paste <input type="checkbox"/> Other <input type="checkbox"/> NA	Appearance/Color:
	Solid - Size: <input type="checkbox"/> Chunks <input type="checkbox"/> Granules <input type="checkbox"/> Powder <input type="checkbox"/> Other <input type="checkbox"/> NA	Estimated sample size:

Field Tests/ Results: OPTIONAL

Chemical Kit Analysis:	Assay for:	
	Assay for:	
	Assay for:	
Chemical Instrumentation:	4 Gas Monitor:	
	Photo Ion Det./Org Vapor Monitor:	
	FTIR:	
	Other:	
Biological Assays:	Assay for:	
	PCR for:	
	Other:	
	Assay for:	

Comments:

Results Notification Contact Information: REQUIRED

	(Primary)	(Secondary)
Name (Print)		
Organization:		
City, State, ZIP		
e-mail:		
Phone/Fax		

Results: REQUIRED

Preliminary Results called to :	Call made by:	Date:	Time:	Initial:
Final Results Called to:	Call made by:	Date:	Time:	Initial:
Final Report Sent to:	Sent by:	Date:	Time:	Initial:

Sample Disposal: REQUIRED

Released by:	Name (Print):	Date:	Time:	Initial:
Released to:	Name (Print)::	Date:	Time:	Initial:

Comments: