

Suspicious Package or Bioterrorism Sample

FOR LABORATORY USE ONLY

Laboratory Accession Number: _____

SAMPLE INFORMATION

(This Form Must Be Completed For Each Specimen or Sample Submitted)

Incident Report: _____

Contents of Package: _____

Package:	Checked for Explosives	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Checked for Radioactivity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Checked for Drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	X-rayed	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LABORATORY FINDINGS WILL BE REPORTED ONLY TO THE SUBMITTING LAW ENFORCEMENT AGENCY

Submitting Agency: _____ Date Collected: _____

Address: _____ Date Submitted: _____

Point of Contact: _____ Telephone: _____

Fax: _____

SAMPLES RELINQUISHED BY:

Printed Name: _____

Signature: _____ Date: _____