



DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
NC STATE LABORATORY OF PUBLIC HEALTH
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CHEMICAL TERRORISM AND THREAT UNIT
CLINICAL SPECIMEN SUBMISSION FORM

SUBMITTER DATA

Please fill in all data in appropriate boxes

Submitter Facility/ Name:		EIN:	
Address:			
NPI:		Ordering Provider First and Last name:	
City/County:	State:	Zip Code:	
Phone No.:	Fax No.:	E-mail:	
24-hour contact name (for emergency) Name:		24-hour phone number (for emergency) Phone:	

PATIENT DATA

Last Name:	First Name:	Date of Birth:	
Address:	City:	State:	Zip Code: County Code:
SSN:	MRN:	Medicaid Number:	
Date of Collection:	Specimen Source: <input type="checkbox"/> Blood <input type="checkbox"/> Serum <input type="checkbox"/> Urine		
Sex:	Race (mark all that apply):	Ethnicity:	
<input type="checkbox"/> Male <input type="checkbox"/> Transgender M2F	<input type="checkbox"/> White <input type="checkbox"/> American Indian/	<input type="checkbox"/> Hispanic or Latino Origin	
<input type="checkbox"/> Female <input type="checkbox"/> Transgender F2M	<input type="checkbox"/> Black Alaska Native	<input type="checkbox"/> Non-Hispanic	
<input type="checkbox"/> Unknown <input type="checkbox"/> Transgender Unknown	<input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/	<input type="checkbox"/> Unknown	
<input type="checkbox"/> Ambiguous	<input type="checkbox"/> Unknown Pacific Isles		

SAMPLE DISPOSITION

Laboratory Notes:

SAMPLE DESCRIPTION

Laboratory Sample Number(s):	Total Number of Containers/Samples: _____

TYPE OF ANALYSIS REQUESTED

1. <input type="checkbox"/> Urine Metals (As, Ba, Be, Cd, Hg, Pb, Tl, U)	2. <input type="checkbox"/> Blood Metals (Cd, Hg, Pb)	3. <input type="checkbox"/> Cyanide in Blood
4. <input type="checkbox"/> Nerve Agent in Urine/Serum	5. <input type="checkbox"/> Tetramine in Urine	6. <input type="checkbox"/> VOC in Blood
7. <input type="checkbox"/> Ricinine/Abrine in Urine	8. <input type="checkbox"/> HNPA in Urine	9. <input type="checkbox"/> other (please specify)

ANALYTICAL PROCESS

Analyst's Rec'd Date:	Analyst:	CT Group
Testing Date:	Completed Date:	Disposition:
	Reported Date:	

SAMPLE STORAGE

Storage Location	Date Stored	Date Removed	Seal Broken By	Date	Resealed By	Date

SAMPLE/CONTAINER DISPOSAL

Site Location:		Disposal No:		Method:	
Performed By:				Date:	
Witnessed By:				Date:	

Directions:

Clinical specimens submitted for blood analyses should follow CDC protocols for collection, packaging and shipping and should be three purple top tubes (four if tube is < 3 mL) and one green or gray top tube. Specimens should be sent maintained between 1 and 10 ° C.

Clinical specimens submitted for urine analysis should follow CDC protocols for collection, packaging and shipping and should be at least 25 mL frozen (-20 ° C +/- 5 ° C) urine.

Fill out all pertinent sections of the submission form. Be sure to include a 24/7 contact number and sample description.

A chain of custody should be maintained on all samples submitted and a copy of the chain of custody should accompany the specimens. Specimens should be evidence taped for evidentiary preservation according to CDC collection, packaging and shipping protocols.