	F40-C Biothreat Specimen Submission For					m Place DSHS Bar Code Label / Address-O-Graph						
		(Jan 2022)					Here					
TEXAS Health and Human Texas Depa Services Health Ser	artment of State vices	CLIA #	45D0503753	3 APHIS Permit #51)					
P:(956) 364-8746 FAX:(956) 41	12-8794		www.dshs.texas.gov/lab/so_tx_lab									
Please PRINT-all FIELDS MUST be FILLED IN-Enter N/A if Appropriate												
Has FBI been notified? YES NO												
Section 1. SUBMITTER					Submitter #			Section 2. Reporting Information				
Submitting Agency Case #	Submitting Agency Case # Submission Date						Agency/Submitter Name					
									×			
Agency / Submitter Name					Address			*				
Address				City		State Zip	Code					
							C					
City	State 2	Zip Code	Phone #	Fax #			Phone	e #	Fax#			
Email Address	Signature							Email Address				
Section 3. HAZMAT SCREEN												
RESULTS OF HAZARDOUS MATERIAL SCREEN DONE BY SUBMITTING AGENCY (The Laboratory may REJECT Specimens that have not been subject to <u>a</u> Hazard Material Screen)												
Explosive Flammable								Oxidizer				
Protein 🗌	Radioa	pactive 🗌				Corrosive	(pH) 🗌					
Section 4. SAMPLE COLLECTION & SIZE LIMITATION												
 At a minimum, all materials submitted for testing must be placed in sealed, triple containers. Outer packaging must be treated with a disinfectant effective against bacterial spores, e.g., 10% bleach contact time 10 minutes 												
 Outer packaging must be treated with a disinfectant effective against bacterial spores, e.g., 10% bleach contact time 10 minutes Material packaging must not exceed 15"x15"x15" 												
If suspect material is a liquid, submit 5ml (5cc)												
Samples can only be returned to the submitter Section 5. SUBMITTED ITEMS												
All Negative Samples will be Destroyed unless otherwise Indicated												
Item #		Description							Return to			
					Dest	cription				Submitter	? □ NO	
					· ·							
		501								☐ YES		
		FUI			<u>1 03E 0</u>			N OF CUSTODY				
Received by: (print)					Case # Received by: (sign)				Date:	Time:		
Agency:												
Comment:												
				Dereiter	h				Data	Times		
Received by: (print)				Received	by: (sign)				Date:	Time:		
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Agency:												
Comment: Received by: (print)					Beegived by: (-im)				Data	Time		
				Received by: (sign)					Date:	Time:		
Agency:												
Comment:												
Sample Description :												
Additional Comments or Instructions:												
Additional Comments or Instructions:												
1												