



**TEXAS**  
Health and Human  
Services

Texas Department of State  
Health Services

BioThreat Team (24/7): (512) 689-5537  
Chemical Threat Team (24/7): (512) 689-9945

**G-27 Biothreat Environmental Specimen  
Submission Form (Jan 2022)**

[www.dshs.texas.gov/lab](http://www.dshs.texas.gov/lab)  
[www.dshs.texas.gov/lab/epr.shtm](http://www.dshs.texas.gov/lab/epr.shtm)

**\*\*\*For DSHS Use Only\*\*\***

**Please Write Legibly and Fill in As Much Information As Possible**

**Has FBI been notified?**  YES  NO

**Section 1. SUBMITTER**

**Section 2. Reporting Information**

Submitting Agency Case #		Submission Date		Submitter #		Agency/Submitter Name	
Agency / Submitter Name						Address	
Address						City	State
City						State	Zip
City	State	Zip Code	Phone #	Fax #	Phone #		
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 a Hazard Material Screen)

Explosive       Flammable       Oxidizer   
Protein       Radioactive       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
- Material packaging must not exceed 15" x 15" x 15"
- If suspect material is a liquid, submit 5 ml (5 cc)
- 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 Submitter?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

**FOR LABORATORY USE ONLY: CHAIN OF CUSTODY**

Case # \_\_\_\_\_

Received by: (print)	Received by: (sign)	Date:	Time:
Agency:			
Comment:			
Received by: (print)	Received by: (sign)	Date:	Time:
Agency:			
Comment:			
Received by: (print)	Received by: (sign)	Date:	Time:
Agency:			
Comment:			
Received by: (print)	Received by: (sign)	Date:	Time:
Agency:			
Comment:			
Sample Description :			
Additional Comments or Instructions:			