

**OKLAHOMA STATE DEPARTMENT OF HEALTH
BT COLLECTION FORM
1000 N.E. 10th Street, OKC, OK 73117
PH (405) 271-7457 or (405) 406-3511 (24/7 PUBLIC HEALTH LABORATORY)**

CASE ID: _____ DATE: _____

LABORATORY USE ONLY

Accession Number: _____

Responsible Contact(s)			
Name(s)			
Organization(s)			
Address & Phone Number			
Description of Property			
Screening Results	Tested	Results	Method Used - PHL will not accept unscreened samples.
Radiation <i>(required)</i>	Y / N	Pos / Neg	
Corrosives <i>(required)</i>	Y / N	Pos / Neg	
Flammables <i>(required)</i>	Y / N	Pos / Neg	
Oxidizers <i>(required)</i>	Y / N	Pos / Neg	
Toxics <i>(required)</i>	Y / N	Pos / Neg	
Biological Agent	Y / N	Pos / Neg	
Sampling Information			
Date/Time of Collection			
Location & Area Description			
Method of Collection			
Type of Sample	Source	Powder	Filter Other:
Known Exposures			
Yes			
No			
Additional Sampling Notes			
Chain-of-Custody			
Collector(s): _____	Organization: _____		
Signature: _____	Phone: _____		
Date: _____	Time: _____		
Received by: _____	Organization: _____		
Signature: _____	Phone: _____		
Date: _____	Time: _____		
Received by: _____	Organization: _____		
Signature: _____	Phone: _____		
Date: _____	Time: _____		
Received by: _____	Organization: _____		
Signature: _____	Phone: _____		
Date: _____	Time: _____		
Received by: _____	Organization: _____		
Signature: _____	Phone: _____		
Date: _____	Time: _____		
Received by: _____	Organization: _____		
Signature: _____	Phone: _____		
Date: _____	Time: _____		

DELIVER SCREENED SAMPLES TO SECURITY AT LOADING DOCK ON EASTSIDE OF OSDH

****DO NOT TAKE SAMPLES INTO BUILDING****