

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

CASE ID: _____ DATE: _____

LABORATORY USE ONLY Accession Number: _____

Responsible Contact(s)						
Name(s)						
Organization(s)						
Address & Phone Number						
Description of Property (identifier, quantity & type)						
Screened For		Tested	Results	Comments		
Biological Agent		Y / N	Pos/Neg			
Radiologic		Y / N	Pos/Neg			
Chemical		Y / N	Pos/Neg			
Explosive		Y / N	Pos/Neg			
Sampling Information						
Time of Collection						
Location & Area Description						
Collectors Name & Org.						
Collectors Phone#						
Method of Collection		Swab	Wipe	Bulk	HEPA Vacuum	Other:
Type of Sample		Powder	Liquid	Envelope	Bulk	Human
(contact PHL for permission & size restrictions before transporting large environmental samples)						
Known Exposures						
Yes		No				
Additional Sampling Notes						

Received from: _____
 (sign/date)

Received by: _____
 (sign/date)

BT Collection Form will serve as a link in the chain of custody process. Submit copies of any additional chain of custody documentation and the Possible Biological Agent Exposure Contact Worksheet (include all exposed at site).

DELIVER SAMPLES TO SECURITY AT LOADING DOCK ON EASTSIDE OF OSDH