

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

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