



**CORPUS CHRISTI—NUECES COUNTY PUBLIC HEALTH DISTRICT
LABORATORY**



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Corpus Christi, Texas

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**SAMPLE FOR LABORATORY ANALYSIS
POTENTIAL/SUSPECT BIOLOGICAL THREAT AGENT**

Case Number (ID Number)_____ Arrival Date ___/___/_____ Time _____AM/PM

**NEXT 3 SECTIONS MUST BE COMPLETED BY AGENCY SUBMITTING SAMPLE(S)
ALL ITEMS MUST BE DOUBLE BAGGED IN EITHER ZIPLOCK OR BIOHAZARD
BAGS BEFORE LABORATORY WILL ACCEPT**

1

Please Print	Submitter Information	Released To _____ Returned To _____	Results Reported To
Name			
Organization			
Street Address			
City, State, Zip			
Telephone			

*Following testing, *negative* samples will be returned to person listed above, **only upon request.** *Positive* samples will be turned over to the appropriate law enforcement agency or organization.*

2

SAMPLE PRESCREENED FOR ALL OF THE FOLLOWING (YES/NO)

Explosives	Flammables	Oxidizers
Weapons X-ray	Radioactivity	Corrosives
Bomb Components	Other Chemicals (List)	
Screened by:		
NAME _____ DATE ___ / ___ / _____ TIME _____ AM/PM		

3

Description of Property and circumstances regarding submission of sample

Objective for Sample Submitted: Containment_____ Triage_____ Analysis_____

Submitter Signature: (Sign/date, include badge #):

Laboratory Staff Received By: (Sign/date)

Chain of Custody (back) and daily log MUST be completed before lab staff will accept

sample(s).

LABORATORY RESPONSE NETWORK CHAIN OF CUSTODY

CASE ID: _____

Received By (print/sign):	Date:	Time:
Organization:		
Reason:		
Received By (print/sign):	Date:	Time:
Organization:		
Reason:		
Received By (print/sign):	Date:	Time:
Organization:		
Reason:		
Received By (print/sign):	Date:	Time:
Organization:		
Reason:		
Received By (print/sign):	Date:	Time:
Organization:		
Reason:		

Refer to Guidance for Proper Use of Chain of Custody Forms.

Attach additional pages as required.

LRN Form: 0002

Lrn.cp.chain.100201f 10/2/01

Revised 11/11/03