DOMESTIC SECURITY ENVIRONMENTAL SAMPLE SUBMISSION FORM – BIOLOGICAL

Sample Information:
Case/Alarm Number: ________________________________
County: ____________________________________________
Collection Date/Time: ________________________________
Incident address: ____________________________________
Targeted individual’s name (if any) _________________________
Sample description: □ Bulk powder □ Letter/envelope □ Swab □ Other:_____________________________
Letter/package opened (if applicable) □ no □ yes □ n/a
POC for agency collecting sample: (agency) ____________________________ (name) ____________________________ (phone) ____________________________
POC for agency transporting sample: (agency) ____________________________ (name) ____________________________ (phone) ____________________________

ALL SAMPLES MUST BE SCREENED BEFORE SUBMISSION TO THE LABORATORY

Field Hazard Screens performed by:
*Explosives/Energetics □ negative Test(s) used:_____________________________
*Chemical Hazard □ negative Test(s) used:_____________________________
*Radiological Hazard □ negative Test(s) used:_____________________________
*Laboratory will only accept samples screened negative for the above hazards.

Credible Threat Assessment Criteria:
Stated or implied threat □ no □ yes describe______________________________________________
Visible substance □ no □ yes describe___________________________________________________
Uncertain or suspicious origin □ no □ yes describe________________________________________
Person or persons exposed □ no □ yes approximate number______________________________

Collection Site Information:
Building evacuated □ no □ yes Building closed □ no □ yes

NOTIFICATIONS:
Notification made to BT Coordinator at LRN Reference Lab (see page 3 for contact information)
By whom? ___________________________________________________________________________
Date/Time ___________________________________________________________________________
Notification made to County/City Warning Point
By whom? ___________________________________________________________________________
Date/Time ___________________________________________________________________________

NOTIFICATION OF RESULTS:
In order to ensure timely notification, please provide contact information for someone with 24/7 availability, who will be responsible for disseminating results to other local agencies.

NAME: ____________________________________________ WORK NUMBER: ____________________________
24/7 TELEPHONE NUMBER: ____________________________ FAX NUMBER: ____________________________
AGENCY: ____________________________________________
AGENCY ADDRESS: ____________________________________________

Signature: ____________________________ Date: ____________________________ Time: ________________ AM PM

NOTE: SAMPLE WILL BE DISCARDED 30 DAYS AFTER TESTING UNLESS OTHERWISE INSTRUCTED

Responder Incident Report attached: □ no □ yes

DH Form _________ (05/16)
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Instructions for Submitting Samples for Biological Agent Testing

Environmental Samples:

1. Will be accepted by the state laboratory only after law enforcement and HazMat have performed their assessment to screen for radiological, explosive and chemical hazards.

2. Only suspected samples such as swabs, powder, contaminated paper, letters or liquid should be submitted for testing. Samples should be double-bagged and put in a container no larger than a one-gallon paint can (preferred container). Sample submission form must be completed and accompany the sample. Please do not place the completed submission form in the paint can with the sample.

3. Extraneous materials such as gloves, towels, and clothing must not be included with the samples. Extraneous materials should be placed in a biohazard bag and disposed of locally according to state and federal guidelines.

Instructions for Completing This Form

Targeted Individual: The person to whom the letter/package was addressed.

Sample description: Please check the word which best describes the sample, i.e. Bulk powder, Letter/Envelope, Swab, Other (please describe).

POC for agency collecting sample: Print the name of the agency, the point of contact for that agency, and cell number.

POC for agency transporting sample: Print the name of the agency, the point of contact for that agency, and cell number.

Field Hazard Screens: All samples must be screened before submission to the laboratory. At a minimum, this includes:

   Explosives – X-ray required for unopened packages
               Colorimetric test

   Chemicals – Screen for corrosives, oxidizing agents, and volatile organic compounds (VOCs).

   Radiological – Direct alpha and beta survey

Notification of Results: Print name and contact information for the individual who should receive notification of results as soon as laboratory testing is completed (24/7). This person should accept responsibility for disseminating results to other agencies involved in the incident.

Signature / Date / Time: Signature of individual delivering sample.

Responder Incident Report Attached: Has the Responding Agency attached an incident report to the sample submission form?
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LRN Reference Laboratory Contact Information

The following Department of Health laboratories can accept environmental samples for biological testing. After hours telephone: 1-866-FLA-LABS (1-866-352-5227)

Department of Health
Bureau of Public Health Laboratories – Jacksonville
1217 Pearl Street
Jacksonville, FL 32202
Deliveries can be accepted at any time (24/7) by the BT COORDINATOR.
Call: (904) 945-4415 or (904) 637-9260.

Department of Health
Bureau of Public Health Laboratories – Tampa
3602 Spectrum Boulevard
Tampa, FL 33612
Deliveries can be accepted at any time (24/7) by the BT COORDINATOR.
Page: (813) 883-5929.
Cell phone backup: (813) 956-8853 or (813) 455-9105.

Department of Health
Bureau of Public Health Laboratories – Miami
1325 NW 14th Avenue
Miami, FL 33125
Deliveries can be accepted at any time (24/7) by the BT COORDINATOR.
Page: (800) 539-4432.
Cell phone backup: (305) 409-9925 or (305) 797-5882.