

Mission:

To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.

**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

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) _____

For Laboratory Use Only

Lab Sample ID Number: _____

DASH Number: _____

Other ID Number: _____

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 INSTRUCTEDResponder Incident Report attached: ☐ no ☐ yes

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

Celeste Phillip, MD, MPH

Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation**DOMESTIC SECURITY ENVIRONMENTAL SAMPLE SUBMISSION FORM – BIOLOGICAL****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?

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

DOMESTIC SECURITY ENVIRONMENTAL SAMPLE SUBMISSION FORM – BIOLOGICAL

LRN Reference Laboratory Contact Information

The following Department of Health laboratories can accept environmental samples for biological testing.

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**.**Phone: (813) 459-4039.****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**.**Phone: (305) 433-0442.****Cell phone backup: (305) 409-9925 or (305) 797-5882.**