

CHEMICAL EXPOSURE CLINICAL SPECIMEN SUBMISSION FORM

Do Not Use This Space
 General Form

DIRECTIONS: Please complete all fields, print only, and do not abbreviate

1. PROVIDER INFORMATION		2. PATIENT INFORMATION						
Name: _____		Name: Last First MI						
Address: No./Street _____		Address: No./Street _____						
City/Town State Zip Code		City/Town State Zip Code						
Telephone Number: _____		Telephone Number: _____						
3. PHYSICIAN/NURSE REQUESTING TEST		Patient ID number: _____						
Name: _____		Date of Birth: _____	Sex: _____					
Telephone Number: _____		_____ / _____ / _____	Male Female					
4. SPECIMEN INFORMATION:		Collection:						
Collected By: _____		Date: _____ / _____ / _____ Time: _____ : _____ AM / PM						
Initial Here _____								
Primary Receptacle	Specimen ID	For MDPH use only						
Lavender top tube 1:								
Lavender top tube 2:								
Lavender top tube 3:								
Lavender top tube 4 (if needed):								
Green or grey top tube:								
Urine cup: (Please use separate form)								
5. EXPOSURE INFORMATION								
Date of Exposure: _____ / _____ / _____		Duration of Exposure: _____ Minutes / Hours						
Time of Exposure: _____ : _____ AM / PM		Time of Symptom Onset: _____ : _____ AM / PM						
6. SYMPTOM INFORMATION: (please circle all that apply)								
Burns	Difficulty Breathing	Bronchospasm	Eye Pain	Impaired Vision	Muscle Weakness	Seizure	Shock	Other (specify below)
COMMENTS:								

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- One form should be filled out per patient per sample type.
 - For example, If ONLY blood OR urine is collected, only one form is submitted.
 - If BOTH blood AND urine are collected, submit one form for EACH specimen type.
- Remember that urine and blood samples are packaged and shipped separately.

Section 1: PROVIDER INFORMATION

- Name, address, and telephone number of submitting hospital or agency

Section 2: PATIENT INFORMATION

- Patient name, address, telephone number, patient ID number, date of birth and sex

Section 3: PHYSICIAN/NURSE REQUESTING TEST

- Name of physician or nurse (and their telephone number) to call with questions or results regarding specimens

Section 4: SAMPLE INFORMATION

- For each blood tube/urine cup fill in Specimen ID.
- If all tubes are labeled the same, list ID once and indicate that all tubes are labeled the same.
- Please provide BOTH the date AND time the sample was collected.

Section 5: EXPOSURE INFORMATION

- Please provide BOTH the date AND time that the patient was exposed.
- List how long the patient was exposed to the chemical, if known (approximate minutes or hours are acceptable).
- Please list the time that the patient began to experience symptoms.

Section 6: SYMPTOM INFORMATION

- Please circle any and all symptoms reported by the patient.
- If symptom is not listed or clarification is needed, please use Comments section.
- Also, indicate if patient was treated with antidote prior to obtaining specimens.

Please attach any other relevant documentation you may have.

Please call the telephone number provided above if you have any questions.