**CHEMICAL EXPOSURE CLINICAL SPECIMEN SUBMISSION FORM**

**MA State Public Health Laboratory**

**305 South Street, Jamaica Plain, MA 02130-3597**

**Tel: 617-983-6200**

*DIRECTIONS:* Please complete all fields, label or print only; do not abbreviate.

Do NOT complete sections.

|  |  |  |
| --- | --- | --- |
| Patient Information |  | Patient Information |
| Name:  Last First |  | Please place hospital lab here. Denote name; date of birth and gender if not on label. |
| Hospital: |  |  |
| Address:  No./Street |  |
| City/Town State Zip Code |  |
| Telephone Number: |  |

|  |  |  |
| --- | --- | --- |
| Specimen Information | | |
| Place sample label here  (including collection date/time) | | For SPHL use only (Place LIMS label here) |
| EDTA (purple) blood tube #1 |  |  |
| EDTA (purple) blood tube #2 |  |  |
| EDTA (purple) blood tube #3 |  |  |
| Heparin (green/grey) blood tube |  |  |
| Urine cup |  |  |

Testing requested

|  |  |
| --- | --- |
| For SPHL use only | |
| Received on (date/time): | Received by: |