



BUREAU OF STATE LABORATORY SERVICES

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Victor Waddell, Ph.D., Bureau Chief

Clinical Sample Submission Form

For Department Use Only – ADHS Sample Number

SUBMITTER PLEASE FILL IN BLUE SECTIONS, DARK BLUE SECTIONS MUST BE COMPLETE

The sample matrix and test request **MUST** be the same for all samples listed with this form. Use another sample submission form for samples of different matrices or test requests. For multiple samples of the same matrix, submitting agency, and test request, a Clinical Sample Continuation Form may be used. Clinical specimens submitted to the ADHS Laboratory will be maintained under chain-of-custody. Use separate sample log sheets for blood and urine specimens. Blood specimens should arrive on cold or frozen gel packs and be stored at 5 ± 3 °C. Urine specimens should arrive frozen, preferably on dry ice, and be stored at ≤ -20 °C.

Patient Information			Submitting Agency Information			
Last Name:	First Name:	M.I.:	Agency Name:		Agency ID Code:	
DOB (MM/DD/YYYY):	Age:	Sex: M F T	Street Address:			
Patient ID:			City:	State:	Zip Code:	County:
Race: White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/>			Contact Name:		Phone:	
Ethnicity: Hispanic yes <input type="checkbox"/> no <input type="checkbox"/>			Ordering Provider/Physician:			

Laboratory Testing	Collection Date and Time:	Sample Matrix: Blood ___ Urine ___ Other _____		
Urine Metals Testing: <input type="checkbox"/> Arsenic <input type="checkbox"/> Barium <input type="checkbox"/> Beryllium <input type="checkbox"/> Cadmium <input type="checkbox"/> Lead <input type="checkbox"/> Thallium <input type="checkbox"/> Uranium <input type="checkbox"/> All of the above	Blood Metals Testing: <input type="checkbox"/> Cadmium <input type="checkbox"/> Lead <input type="checkbox"/> Mercury <input type="checkbox"/> All of the above	Metabolic Toxins: <input type="checkbox"/> Monochloroacetate (MCA) <input type="checkbox"/> Monofluoroacetate (MFA) <input type="checkbox"/> All of the above OP Nerve Agent Testing: <input type="checkbox"/> GB-Acid (sarin metabolite) <input type="checkbox"/> GD-Acid (soman metabolite) <input type="checkbox"/> GF-Acid (cyclohexylsarin metabolite) <input type="checkbox"/> rVX-Acid (Russian VX metabolite) <input type="checkbox"/> VX-Acid (VX metabolite) <input type="checkbox"/> All of the above	Volatile Organic Compounds: <input type="checkbox"/> 1,2-Dichloroethane <input type="checkbox"/> Benzene <input type="checkbox"/> Carbon tetrachloride <input type="checkbox"/> Chloroform <input type="checkbox"/> Ethylbenzene <input type="checkbox"/> m- and p-Xylene <input type="checkbox"/> o-Xylene <input type="checkbox"/> Styrene <input type="checkbox"/> Tetrachloroethylene <input type="checkbox"/> Toluene <input type="checkbox"/> All of the above	Other Organic Testing: <input type="checkbox"/> CVAA (2-chlorovinylarsonous acid /Lewisite metabolite) <input type="checkbox"/> Cyanide <input type="checkbox"/> HNPA (Tetranitromethane metabolite) <input type="checkbox"/> Tetramine <input type="checkbox"/> Abrine (Abrin biomarker) <input type="checkbox"/> Ricinine (Ricin biomarker)

Other Testing Requested:

Disposal/Transfer Date and Signature:

Total Number of Patient Specimens Submitted: _____	Receiving Temperature (°C): _____
*Sample Packaging/Container Integrity: Acceptable _____ Unacceptable _____	Number of Blanks Submitted: Blood _____ Urine _____ Other _____
Comments:	

*If sample container or packaging is unacceptable, take pictures of the affected area and make a note detailing the issue on the sample submission form.