

**BUREAU OF STATE LABORATORY SERVICES**

250 N. 17<sup>th</sup> Avenue Phoenix, Arizona 85007  
 Chemistry Office: 602-542-6118 FAX: 602-364-0281  
 Victor Waddell, Ph.D., Bureau Chief

**Clinical Chemistry Sample Submission Form**

For Department Use Only

At a minimum the agency name, contact name, and phone number must be filled in below.  
 Enter patient information on the Clinical Chemistry Specimen ID Form.

**Submitting Agency Information**

<b>Agency Name:</b>			
Street Address:			
City:	State:	Zip Code:	County:
<b>Contact Name:</b>			<b>Phone:</b>
Ordering Provider/Physician:			

**Sample Matrix:**

Blood     Urine     Serum     Other (specify) \_\_\_\_\_

**Laboratory Testing Requested:**

Total Number of **Patient Specimens** Submitted: \_\_\_\_\_  
 Total Number of **Blanks** Submitted: \_\_\_\_\_

Enter the test code(s) given below on the Clinical Chemistry Specimen ID Form for each patient specimen submitted.  
 Refer to the Chemistry Guide to Laboratory Services for more information on specific testing.

<b>Urine Metals:</b> <input type="checkbox"/> UM01 Arsenic <input type="checkbox"/> UM02 Barium <input type="checkbox"/> UM03 Beryllium <input type="checkbox"/> UM04 Cadmium <input type="checkbox"/> UM05 Lead <input type="checkbox"/> UM06 Mercury <input type="checkbox"/> UM07 Thallium <input type="checkbox"/> UM08 Uranium <input type="checkbox"/> UMALL All of the above	<b>Volatile Organic Compounds:</b> <input type="checkbox"/> VC01 1,2-Dichloroethane <input type="checkbox"/> VC02 Benzene <input type="checkbox"/> VC03 Carbon tetrachloride <input type="checkbox"/> VC04 Chloroform <input type="checkbox"/> VC05 Ethylbenzene <input type="checkbox"/> VC06 m- and p-Xylene <input type="checkbox"/> VC07 o-Xylene <input type="checkbox"/> VC08 Styrene <input type="checkbox"/> VC09 Tetrachloroethylene <input type="checkbox"/> VC10 Toluene <input type="checkbox"/> VCALL All of the above	<b>Other Testing:</b> <input type="checkbox"/> LW01 Lewisite metabolite (CVAA) <input type="checkbox"/> CN01 Cyanide <input type="checkbox"/> HN01 Tetranitromethane metabolite (HNPAAs) <input type="checkbox"/> TE01 Tetramine (TET) <input type="checkbox"/> AB01 Abrin biomarker (Abrine) <input type="checkbox"/> RC01 Ricin biomarker (Ricinine) <input type="checkbox"/> CR01 Creatinine  <b>OP Nerve Agents:</b> <input type="checkbox"/> NA01 Sarin metabolite (GB-Acid) <input type="checkbox"/> NA02 Soman metabolite (GD-Acid) <input type="checkbox"/> NA03 Cyclohexylsarin metabolite (GF-Acid) <input type="checkbox"/> NA04 Russian VX metabolite (rVX-Acid) <input type="checkbox"/> NA05 VX metabolite (VX-Acid) <input type="checkbox"/> NAALL All of the above
<b>Blood Metals:</b> <input type="checkbox"/> BM01 Cadmium <input type="checkbox"/> BM02 Lead <input type="checkbox"/> BM03 Mercury <input type="checkbox"/> BMALL All of the above	<b>Send Outs:</b> <input type="checkbox"/> SND01 Send Out(s) List tests/analytes below: _____ _____ _____	

Comments:	
Sample Packaging/Container Integrity: <b>Acceptable</b> _____ <b>Unacceptable</b> _____	Receiving Temperature: _____ °C
StarLIMS Accession #:	Initial/Date if filled out internally:

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