



ARIZONA STATE PUBLIC HEALTH LABORATORY
 250 N. 17th Avenue, Phoenix, AZ 85007
 Victor Waddell, PhD – Bureau Chief
**ENVIRONMENTAL MICROBIOLOGICAL
 MISCELLANEOUS ANALYSIS FORM**
 SUBMITTAL FORM

LAB NUMBER

DATE/TIME RECEIVED

SUBMITTER MUST COMPLETE ALL SECTIONS IN YELLOW

AGENCY (OR CODE)		PURPOSE OF SPECIMEN: <input type="checkbox"/> QUALITY CONTROL <input type="checkbox"/> SURVEILLANCE <input type="checkbox"/> OUTBREAK <input type="checkbox"/> OTHER: _____ _____	COLLECTION OF SAMPLE	
ADDRESS			COLLECTION LOCATION	CITY
CITY/STATE/ZIP			ADDRESS OF COLLECTION	
CONTACT PERSON	PHONE NO.		PERSON COLLECTING	PHONE NO.

ANALYSIS REQUESTED: _____

ASPHL LAB NUMBER	SUBMITTER ID	SAMPLE DESCRIPTION	COLLECTION DATE	COLLECTION TIME

Chain of Custody		
Relinquished by:	Received by:	Date / Time
(Signature)	(Signature)	
(Print Name)	(Print Name)	