



Threat Agent Laboratory Test Requisition

Type or use indelible dark ink and print legibly.

SUBMITTER INFORMATION (Results will be sent to):

Submitter Name	Organization	
Address (Street Number, Name of Street)	Apartment/Suite Number	24 Hour Contact Number
City, State	Zip Code	Email address

SAMPLE TEST REQUEST:

Test:

<input type="checkbox"/> Environmental	<input type="checkbox"/> LRN Screen	<input type="checkbox"/> Other _____
<input type="checkbox"/> Chemical	<input type="checkbox"/> For referral to CDC or other testing lab	
<input type="checkbox"/> Radiological	<input type="checkbox"/> For referral to CDC or other testing lab	

FBI or Event Case ID Number: _____ Return of Sample Requested: Yes No

Pre-screening for chemicals, explosives, and radiological complete? Yes No

SAMPLE INFORMATION:

IDPH SAMPLE NUMBER: _____
(For IDPH Use Only)

Unique ID: _____	Sample Type: _____ <small>(swab, powder, slant, etc.)</small>	Sampling Location: _____
Date of Collection: _____	Time of Collection: _____	Collector's Initials: _____

Other comments: _____

Released by: (Organization, Print/Sign Name/Date/Time)	Received by: (Organization, Print/Sign Name/Date/Time)	Reason:
Released by: (Organization, Print/Sign Name/Date/Time)	Received by: (Organization, Print/Sign Name/Date/Time)	Reason:
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INSTRUCTIONS FOR COMPLETING THREAT AGENT LABORATORY TEST REQUISITION FORM

The Illinois Department of Public Health (IDPH) laboratory requisition form entitled, "Threat Agent Laboratory Test Requisition" is designed to accompany samples submitted by approved submitters to the IDPH Laboratories for biological, chemical, or radiological threat agent testing or referral that require chain of custody documentation. Clinical specimens that do not require chain of custody documentation should be submitted to IDPH Laboratories using the IDPH "Communicable Diseases Laboratory Test Requisition". Approved submitters are FBI, CST, and other designated law enforcement agencies. A threat sample submitted to IDPH Laboratory must be accompanied by proper chain of custody and written documentation that the sample has been examined by a FBI certified explosive technician and rendered safe. The contents must also be pre-screened by a certified HAZMAT team for chemical and/or radiological contaminants. Only samples with complete documentation that include an FBI or Event case ID will be accepted for testing.

Print neatly with capital letters only and numbers. Complete all items on the form.

SUBMITTER INFORMATION - Name of the individual submitting the sample, name and complete address of the submitting organization, email address, and a 24 hour contact number. This information will be used to report results.

SAMPLE TEST REQUEST - Indicate the testing that is to be performed or if the specimen is to be referred to another lab for chemical or radiologic testing, the status of pre-screening for chemicals, explosives, and radiological, the FBI case ID, and if the sample needs to be returned to the submitting organization. If you indicate that the sample does not need to be returned to the submitting organization, it will be disposed of in accordance with laboratory retention procedures.

SAMPLE INFORMATION - enter a unique ID, sample type, sampling location (if necessary), date and time of collection, collectors initials, and any other information needed for proper sample identification. ***Samples associated with the same Case ID may be submitted on one form.*** If additional space is required, the Threat Agent Laboratory Test Requisition Supplemental Page may be used. Please record Case ID on the supplemental page.

CHAIN OF CUSTODY - Samples submitted to IDPH Laboratory must be accompanied with proper chain of custody. The chain of custody in the "Threat Agent Laboratory Test Requisition" will be used in the laboratory to document the integrity of the sample while in the custody of the IDPH Laboratory only.

Illinois Department of Public Health
Division of Laboratories
1155 South Oakland Avenue
P.O. Box 2797
Carbondale, IL 62901
618-457-5131 (phone)
618-457-6995 (fax)

Illinois Department of Public Health
Division of Laboratories
2121 W. Taylor Street
Chicago, IL 60612
312-793-4760 (phone)
312-793-4557 (fax)

Illinois Department of Public Health
Division of Laboratories
825 N. Rutledge Street
P.O. Box 19435
Springfield, IL 62702
217-782-6562 (phone)
217-524-7924 (fax)



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Supplemental Page

Event Case ID Number: _____

Sample Unique ID	Sample Type (swab, powder, slant, etc.)	Sample Location	Date of Collection	Time of Collection	Collector's Initials	IDPH Sample # (Laboratory Use Only)

Released by: (Organization, Print/Sign Name/Date/Time)	Received by: (Organization, Print/Sign Name/Date/Time)	Reason:
Released by: (Organization, Print/Sign Name/Date/Time)	Received by: (Organization, Print/Sign Name/Date/Time)	Reason: