



Missouri State Public Health Laboratory
 101 North Chestnut Street
 P.O. 570
 Jefferson City, MO 65102

MSPHL Laboratory Identification Number

Human Biomonitoring Sample Collection Form

NOTE: If this sample is collected in response to a potential terrorist event or criminal intent, MSPHL Evidence and Chain of Custody Forms must be attached. (The following information must always be supplied)

Event or Study Name		Date Specimen(s) Collected	Specimen(s) Collected By
Print Patient Name (Last, First)		Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth
Print Patient Address			County of Residence
Ethnicity <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Race <input type="checkbox"/> White <input type="checkbox"/> Black/Afr Amer	<input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Unknown
Parent or Guardian Name		Daytime Phone Number	
Attending Physician		Phone Number	
Complete Submitting Facility/Organization Name		Facility/Organization Phone Number	
Complete Submitting Facility/Organization Mailing Address			
Location of patient during event.	Low Exp Med Exp High Exp	Symptoms (if any) & Time of Onset	Medical Treatment Received

Human Biomonitoring Analysis Requested

For Laboratory Use Only

	LRN Lab Identity
	Date Sent to LRN
	Date Data Returned from LRN

Date Sample Received	Received By	Date Sample Reported	Reported By
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