

Laboratory Response Network Biothreat Tracking Form

Specimen Information

Incident ID# _____ Collection Date/Time _____
Investigating agency and contact information _____
Collection County _____
Collection Site (address) _____
Targeted Individual's name (if any) _____
Specimen Description _____

Collection Site Information

Building evacuated no yes details _____
Ventilation system shut down no yes details _____
Site/building locked-down no yes details _____
Media on-site no yes details _____
Medical response initiated no yes details _____

Credible Biohazard Assessment Criteria

Stated or implied Threat no yes describe _____
Visible, testable Material no yes describe _____
Uncertain or suspicious Origin no yes describe _____
Exposure or illness
Targeted individual no yes illness _____
First responders no yes illness _____
Sample collectors no yes illness _____

Credible Biohazard Assessment performed by _____

Field Hazard Screens performed by _____

Explosive Device negative Instrument used _____

Chemical Hazard negative Instrument used _____

Rad/Nuc Hazard negative Instrument used _____

****ALL samples must be NEGATIVE by ALL Screens to be accepted at testing laboratory****

Sample Collected by _____

Sample Container Decontaminated by _____

UNYRIC notified (by whom) _____ date/time _____

NYSPIN BIO1 submitted (by whom) _____ date/time _____

Submitter Information

Name _____

Phone () - After hours () - Message OK? yes no

Report Results To (if different than Submitter)

Name _____

Phone () - After hours () - Message OK? yes no

Incomplete information reporting on this tracking form or a failure to conduct hazard screening procedures as outlined will result in this sample being refused at the laboratory and/or returned to the submitting agency.

White and Yellow copies to lab Pink copy to law enforcement Blue copy to local health department