

## Public Health Ontario Laboratory Requisition for Submission of Suspicious Packages/Materials for Investigation of Agents of Bioterrorism

PHL No.

В.Т.

PHL Case No. Date Received

Time Recieved

yyyy / mm / dd hr / min / am / pm

> Agence de protection et de promotion de la santé

Please Print (Shaded Areas for Laboratory Use Only)

Date Collected:	Time Collected:	Police Officer Badge No. & Police Contact:	
yyyy / mm / dd	hr / min / am / pm		
Collected By:		Police Unit Address or return:	
Last Nar	me / First Name		
Collector's Phone:		Police Telephone:	
Name of Health Unit Contact:		Incident Site:	
Last Nar	me / First Name		
Health Unit:		Address:	
Health Unit Telephone:		Is a Chain of Custody form Included? O Yes O No	
Description of Material Subr	nitted for Examination:		
,			

Laboratory Results:				
Tested By:	Last Name / First Name	Results:	Hard Copy	
Date Tested:	yyyy / mm / dd	Checked By:	Last Name / First Name	
Date Reported:	yyyy / mm / dd	Results Telephoned to:	Last Name / First Name	
Time Reported:	hr / min / am / pm	Organization:	Telephone No.: ( ) -	
CONFIDENTIAL WHEN COMPLETED				