



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH
4312 DISTRICT DRIVE
RALEIGH, NC 27607
24/7 Emergency Phone: (919)-807-8600**

SUSPICIOUS SUBSTANCE/PACKAGE SUBMISSION FORM

SUBMITTER DATA

Please fill in all data in appropriate boxes

Submitter Facility/ Name:		Date Submitted:	
Address:			
City/County:		State:	Zip Code:
Phone No.:	Fax No.:	E-mail:	
24-hour contact name (for emergency) Name:		24-hour phone number (for emergency) Phone:	

ENVIRONMENTAL SAMPLE SCREEN INFORMATION

Sample screened for explosives (required)	Sample screened for radioactivity (required)	Sample screened for VOCs (required)	Sample screened for drugs (optional)	Sample X-rayed (if applicable)
<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

SAMPLE DISPOSITION

Laboratory Sample Number(s):
Submitter requests sample disposal by NCSLPH: <input type="checkbox"/> yes <input type="checkbox"/> no

SAMPLE DESCRIPTION

Incident report:
Contents of Package:

Total Number of Containers/Samples: _____

SAMPLE COLLECTION INFORMATION

Collected by(initials):	Date and Time Collected:	Location (full address):
Contents Suspected:		
Samples relinquished by:		
Print:	Sign:	

A chain of custody should be maintained on all samples submitted and a copy of the chain of custody should accompany the specimens. Specimens should be evidence taped for evidentiary preservation according to CDC collection, packaging and shipping protocols.