

**Bioterrorism Laboratory**

**CLINICAL SPECIMEN ACKNOWLEDGEMENT FORM**

*This form is to be initiated by the submitter.*

<b>SUBMITTER</b>		
<b>Description of outer package:</b>	Submitting Laboratory:	<b>Date and Time</b>
<input type="checkbox"/> Package sealed	Responsible Person:	
<b>Handling Instructions:</b>	Name:	
<input type="checkbox"/> on wet ice <input type="checkbox"/> other:  <input type="checkbox"/> on dry ice  <input type="checkbox"/> ambient	Signature:	
	24 hr Telephone No.:	
<b>Specimen Type:</b> <input type="checkbox"/> Isolate <input type="checkbox"/> Stool <input type="checkbox"/> Serum <input type="checkbox"/> Blood <input type="checkbox"/> Tissue <input type="checkbox"/> Aspirate <input type="checkbox"/> Other:		

Specimen Received From:	Date and Time	Specimen Received By:	Date and Time
Signature:		Signature:	
Printed Name:		Printed Name:	
<b>Specimen Received From:</b>	<b>Date and Time</b>	<b>Specimen Received By:</b>	<b>Date and Time</b>
Signature:		Signature:	
Printed Name:		Printed Name:	
<b>Specimen Received From:</b>	<b>Date and Time</b>	<b>Specimen Received By:</b>	<b>Date and Time</b>
Signature:		Signature:	
Printed Name:		Printed Name:	
<b>Specimen Received From:</b>	<b>Date and Time</b>	<b>Specimen Received By:</b>	<b>Date and Time</b>
Signature:		Signature:	
Printed Name:		Printed Name:	
<b>Specimen Received From:</b>	<b>Date and Time</b>	<b>Specimen Received By:</b>	<b>Date and Time</b>
Signature:		Signature:	
Printed Name:		Printed Name:	

<b>FOR STATE REFERENCE BT LAB USE ONLY:</b>	
Date and Time Rec'd:	Properly Packaged?: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
BT Lab No:	Properly Labelled?: <input type="checkbox"/> Yes <input type="checkbox"/> No
MBBT Lab No:	If No, describe:
Condition Rec'd:	