

MARYLAND DEPARTMENT OF HEALTH
Laboratories Administration
1770 Ashland Ave
Baltimore, Maryland 21205
Robert A. Myers, Ph.D., Director

EXAMINATION OF SUSPECT ENVIRONMENTAL SAMPLES

Submitter	
Street	
Town/City	Zip Code
MD	

TYPE OR PRINT

Submitter Telephone # _____ Fax # _____

B.T. Lab # _____ MBBT Lab # _____

Sample Collection Site: _____

Address of Site: _____

County/City Origin of Sample: _____

Description of Sample: Powder Wipe/Swab Sample
 Suspect Mail/Envelope Package
 Other _____
Describe

Test Request: _____ LRN Multiple Agents Panel

Date and Time Received _____
Date Time

LABORATORY REPORT

Date Reported _____ Analyst: _____

ORIGINAL-LABORATORY COPY