



PLACE BARCODE HERE  
 OLS USE ONLY

**THREAT-PREPAREDNESS | BIOTERRORISM ENVIRONMENTAL SAMPLE SUBMISSION FORM**

**INSTRUCTIONS:** Before authorization to send samples is given, you **MUST** follow the West Virginia Threat Assessment and Notification Procedure for Suspected Bioterrorism Incidents. Specimens submitted for testing **MUST** include this fully completed submission form. Use one form per source. You **MUST** receive verbal permission from the Threat-Preparedness & Bioterrorism Response Section (BT Lab) prior to sending any specimens. Use this form **only** for samples submitted to the BT Lab for identifying potential Bioterrorism Agents. When requesting results, please refer to the EOC Message Number provided by the WV Department of Homeland Security and Emergency Management (WVDHSEM). You **MUST** also include a Chain of Custody document for each sample submitted. **Please print or type answers.**

**SAMPLE INFORMATION**

|   |   |
|---|---|
| DATE OF COLLECTION  | TIME OF COLLECTION<br><input type="checkbox"/> AM <input type="checkbox"/> PM |
| DESCRIPTION OF SAMPLE   |   |
| INCIDENT DESCRIPTION  |   |
| INCIDENT STREET ADDRESS   | INCIDENT COUNTY   |
| DETERMINED LEVEL OF RISK<br><input type="checkbox"/> High Priority <input type="checkbox"/> Moderate Priority <input type="checkbox"/> Low Priority |   |
| RISK ASSESSMENT PERFORMED BY (include credentials)  |   |
| ANY ASSOCIATED ILLNESS OR SYMPTOMS?<br><input type="checkbox"/> Yes Describe _____<br><input type="checkbox"/> No _____                             |   |

**SUBMITTER INFORMATION**

|  |  |                              |     |
|--|--|------------------------------|-----|
| SUBMITTER AGENCY                                     |  |                              |     |
| SUBMITTER NAME and RANK                              |  | EMPLOYMENT ID (Badge #, etc) |     |
| EMPLOYMENT STREET ADDRESS                            |  |                              |     |
| CITY   |  | STATE                        | ZIP |
| COUNTY   |  | EMAIL                        |     |
| PHONE NO.  |  | FAX NO.                      |     |
| NAME OF PERSON WHO SHOULD RECEIVE REPORT AT FACILITY |  |                              |     |

**ADDITIONAL COMMENTS OR CONCERNS**

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|                     |               |               |
|---------------------|---------------|---------------|
| RESULTS REPORTED TO | DATE REPORTED | TECH INITIALS |
|                     |               |               |

**SUSPECTED ORGANSIM(S) or AGENT**

**MANDATORY PRIOR NOTIFICATION INFORMATION**

|  |                |  |
|--|----------------|--|
| WVDHSEM EMERGENCY OPERATION CTR (EOC)              | CONTACT NAME   | DATE<br>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
|  | EOC MESSAGE #: |  |
| LOCAL HEALTH DEPT<br>(COUNTY _____)                | CONTACT NAME   | DATE<br>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| DIVISION OF INFECTIOUS DISEASE EPIDEMIOLOGY (DIDE) | CONTACT NAME   | DATE<br>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| OFFICE OF LAB SERVICES (OLS) <u>BT LAB</u>         | CONTACT NAME   | DATE<br>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |
| OTHER AGENCIES CONTACTED                           | CONTACT NAME   | DATE<br>TIME <input type="checkbox"/> AM <input type="checkbox"/> PM |

**SAMPLE TRIAGE**

**PHYSICAL INDICATORS & OTHER OUTWARD WARNING SIGNS:**

- Medical mass casualty / fatality with minimal or no trauma
- Responder casualties
- Dead animals, insects, and/or vegetation
- Unusual odors, color of smoke, vapor clouds
- Other (explain): \_\_\_\_\_

**DISPERSAL METHOD:**

- Air handling system (building)  Sprayer
- Mistling or aerosolizing device  Gas Cylinder
- Dirty bomb  No Device Found
- Other (explain): \_\_\_\_\_

| ON-SITE SCREEN  | Method/Instrument | Date/Time | Results | Tech ID |
|---|-------------------|-----------|---------|---------|
| X-Ray<br><input type="checkbox"/> Yes <input type="checkbox"/> No                 |                   |           |         |         |
| Hand Held Assay (HHA)<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                   |           |         |         |
| Radioactivity<br><input type="checkbox"/> Yes <input type="checkbox"/> No         |                   |           |         |         |
| Chemical<br><input type="checkbox"/> Yes <input type="checkbox"/> No              |                   |           |         |         |