Ontario
Agency for Health Protection and Promotion
Agence de protection et de promotion de la santé

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

PHL No.	B.T.
PHL Case No.	
Date Received	yyyy / mm / dd
Time Recieved	hr / min / am / pm

Please Print (Shaded Areas for Laboratory Use Only)

Date Collected: yyyy / mm / dd	Time Collected: hr / min / am / pm
Collected By: Last Name / First Name	
Collector's Phone:	
Name of Health Unit Contact: Last Name / First Name	
Health Unit:	
Health Unit Telephone:	

Police Officer Badge No. & Police Contact:
Police Unit Address or return:
Police Telephone:
Incident Site:
Address:
Is a Chain of Custody form Included? ◯ Yes ◯ No

Description of Material Submitted for Examination:

Laboratory Results:

Tested By: Last Name / First Name	Results: ☐ Phoned ☐ 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

F-C-BT-002-002