



Public Health Laboratories
 Office of Environmental Laboratory Sciences
 1610 NE 150th Street, Shoreline WA 98155
 Ph: 206-418-5400 Fx: 206-418-5465

CHEMICAL EXPOSURE TEST REQUEST

Patient Name	PATIENT NUMBER
Patient Address	Physician's Name
Date of Birth	Clinic or Hospital Address
Date and Location of Suspected Exposure	Specimen Taken By
Date Specimen Taken	Telephone Number

If not to the Physician-Send results to:

SEND BILLING TO:

Name	Name
Address	Address
Telephone	Telephone
Fax	
Secure Web Address	

Urine specimens: a minimum of 15 mL. If arrival at WAPHL is more than 24 hours away, flash freeze with dry ice.
 Blood specimens: minimum vacutainer 5 mL. Refrigerate but do not freeze. Ship with cold packs <10°C.

Metals and Toxic Elements by Urine
 Elements of Interest _____

Organophosphate Metabolites by Urine
 Suspected OP _____

Lead, Cadmium, or Mercury by Blood
 (Anticoagulant tube) _____

Volatile Organic Compounds by Blood
 (Whole blood tube) VOCs of Interest _____

Cyanide by Blood
 (Whole blood tube) _____

Ricin or Abrin Metabolites by Urine
 Suspected Ricin exposure _____

Other _____

FOR LABORATORY USE ONLY

Do not write below this line

Laboratory Number or Barcode	Date Received	Date Analyzed	Date Reported
	Analyst		Laboratory Supervisor
	Single Test Result or References to Multiple Tests		QA Initial Date
Reference or "Normal" Range:		Source:	

Test Results

Analyte: _____

Laboratory Number or Barcode	Date Received	Date Analyzed	Date Reported
	Analyst		Laboratory Supervisor
	Test Result		QA Initial
Reference or "Normal" Range:		Source:	

Analyte: _____

Laboratory Number or Barcode	Date Received	Date Analyzed	Date Reported
	Analyst		Laboratory Supervisor
	Test Result		QA Initial
Reference or "Normal" Range:		Source:	

Analyte: _____

Laboratory Number or Barcode	Date Received	Date Analyzed	Date Reported
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Analyte: _____

Laboratory Number or Barcode	Date Received	Date Analyzed	Date Reported
	Analyst		Laboratory Supervisor
	Test Result		QA Initial
Reference or "Normal" Range:		Source:	