

# CHEMICAL EMERGENCY TEST REQUEST FORM

**UTAH PUBLIC HEALTH LABORATORY**

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<http://uphl.at.utah.gov/>

**FOR UPHL USE ONLY**

Sample rejected? (circle) Y or N      If yes- attach sample rejection form

LAB#

DATE STAMP:

PLEASE PRINT CLEARLY AND FILL OUT AS COMPLETELY AS POSSIBLE.

**PATIENT INFORMATION:**

<b>PATIENT LAST NAME:</b>	<b>ZIP CODE:</b>	<b>DATE OF BIRTH (mm/dd/yyyy)</b>	<b>GENDER (circle)</b> Male      Female
<b>PATIENT FIRST NAME:</b>	<b>PATIENT STATE OF RESIDENCE:</b>	<b>PATIENT COUNTY OF RESIDENCE:</b>	
<b>PATIENT ID #</b>	<b>PROVIDER INFORMATION</b>		
	Physician/Clinician Name: _____		
	Provider Address: _____		
<b>Provider Code:</b>	Provider Phone: _____		
	Secure Fax #: _____		
	Provider email: _____		
<b>SPECIMEN COLLECTION DATE AND TIME</b> (mm/dd/yy) _____/_____/_____	<b>Specimen Source (circle)</b>	<b>Chemical Threat Tests</b>	
Time: _____	Blood      Serum      Urine	[ ] TES      [ ] OPNA      [ ] BM [ ] VOC      [ ] TET      [ ] OTHER - SPECIFY BELOW [ ] CYANIDE      [ ] AB/RIC	

**ADDRESS OR GENERAL LOCATION OF CHEMICAL EMERGENCY EVENT:**

**LOCATION OF PATIENT DURING CHEMICAL EMERGENCY EVENT:**

**COMMENTS:**