STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration
1770 Ashland Avenue
Baltimore, Maryland 21205
Robert A. Myers, Ph.D., Director

EXAMINATION OF SUSPECT ENVIRONMENTAL SAMPLES

Submitter	
Street	
Town ,MD	Zip

TYPE OR PRINT

Submitter's Telephone #_____ Fax # _____

B.T. Lab # _____ MBBT Lab # _____

Sample Collection Site: _____

Address of Site: _____

County/City Origin of Sample: _____
State

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

DHMH-4517 04/15