NEW YORK STATE DEPARTMENT OF HEALTH
Wadsworth Center, PO Box 509, Albany, NY 12201-0509
(518)474-1157 (Phone) (518)486-2787 (Fax)

Request for Chemical Analysis

Laboratory PFI #: 1067 0101W020. CLIA #: 33D0654341

CLINICAL SPECIMEN

Wadsworth Use Only

Lab Specimen ID ____________________

Sample Rec'd ____ Year ____ Month ____ Day ____ Mil Hour

Priority ________

Program Code ________ Reporting Lab Code ________ Facility/Agency Code ________

Sample Type Code ________ Chain of Custody Form With Specimen ☐ Add text: ________

Test Pattern ____________________

Report Results to FAC ☐ DOH ☐ CNTY ☐ FED ☐ INFO ☐ LAB ☐ Gaz________ Spec'l mail________

Patient Information

Identifying Number	Race: ☐ White ☐ Asian or Pacific Islander ☐ Black ☐ Native American ☐ Multiracial ☐ Other ________	Is Patient Hispanic? ☐ Y ☐ N

Last Name	First Name	Middle Initial	Date of Birth ___/___/___ MM DD YYYY	Sex ☐ Male ☐ Female

Address	City	State	Zip	County of Residence

Specimen Information

(Hours are 00 to 23)

Source	Date and Hour Collected	Date and Hour of Onset
☐ Whole Blood ☐ Plasma ☐ Breath ☐ Adipose Tissue ☐ Urine ☐ Serum ☐ Saliva ☐ Other ________	___/___/___/___ HH MM DD YYYY	___/___/___/___ HH MM DD YYYY

Analysis Requested (if known)

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____

Additional Information Regarding This Specimen

____

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Requestor / Collector / Submitter Information

Collecting Facility, Agency or Provider

Contact Person	E-mail	Telephone	Fax

Complaints, Observations, Reasons for Submission

(Hours are 00 to 23)

Beginning of Exposure	End of Exposure	Nature and Severity of Exposure
___/___/___/___ HH MM DD YYYY	___/___/___/___ HH MM DD YYYY	____________________

☐ (A) Rash
☐ (B) Cough
☐ (C) Diarrhea
☐ (D) Nausea
☐ (E) Vomiting
☐ (F) Jaundice
☐ (G) Headache
☐ (H) Seizures
☐ (I) Paralysis
☐ (J) Tremors
☐ (K) Hallucinations
☐ (L)
☐ (M) Mucous Membrane Lesion
☐ (N) Skin Lesion
☐ (O)
☐ (P)
☐ (Q) Death
☐ (R) Pregnant trimester ________
☐ (S) Occupation ________
☐ (T) Travel ________
☐ (U) Other ________
☐ (V) Other ________
☐ (W) Other ________

Additional Information Regarding Complaints and Observations

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Does patient smoke? ☐ Y ☐ N
Has patient eaten seafood recently? ☐ Y ☐ N