

**NC STATE LABORATORY OF PUBLIC HEALTH
Suspicious Package or Bioterrorism Sample**

306 N. Wilmington St., Raleigh, NC 27601

Bioterrorism Laboratory

(919) 807-8765 (Main) • (919) 807-8600 (24/7) • (919) 310-4243 (pager)

FOR LABORATORY USE ONLY

Laboratory Accession Number: _____

SAMPLE INFORMATION

(This Form Must Be Completed For Each Specimen or Sample Submitted)

Incident Report: _____

Contents of Package: _____

Package:	Checked for Explosives	Yes _____	No _____
	Checked for Radioactivity	Yes _____	No _____
	Checked for Drugs	Yes _____	No _____
	X-rayed	Yes _____	No _____

**LABORATORY FINDINGS WILL BE REPORTED ONLY TO
THE SUBMITTING LAW ENFORCEMENT AGENCY**

Submitting Agency: _____

Date Collected: _____

Address: _____

Date Submitted: _____

Point of Contact: _____

Telephone: _____

Fax: _____

SAMPLES RELINQUISHED BY:

Printed Name: _____

Signature: _____ **Date:** _____