

**Public Health Ontario Laboratory  
Requisition for Submission of  
Suspicious Packages/Materials for  
Investigation of Agents of Bioterrorism**

PHL No.	B.T.
PHL Case No.	
Date Received	yyyy / mm / dd
Time Received	hr / min / am / pm

Please Print (Shaded Areas for Laboratory Use Only)

Date Collected: yyyy / mm / dd	Time Collected: hr / min / am / pm	Police Officer Badge No. & Police Contact: _____
Collected By: Last Name / First Name	Collector's Phone: _____	Police Unit Address or return: _____
Name of Health Unit Contact: Last Name / First Name	Health Unit: _____	Police Telephone: _____
Health Unit Telephone: _____	Health Unit Telephone: _____	Incident Site: _____
Description of Material Submitted for Examination: _____ _____ _____ _____		Address: _____
		Is a Chain of Custody form Included? <input type="radio"/> Yes <input type="radio"/> No

Laboratory Results:

Tested By: Last Name / First Name	Results: <input type="checkbox"/> Phoned <input type="checkbox"/> Hard Copy
Date Tested: yyyy / mm / dd	Checked By: Last Name / First Name
Date Reported: yyyy / mm / dd	Results Telephoned to: Last Name / First Name
Time Reported: hr / min / am / pm	Organization: _____ Telephone No.: ( ) -