State Of Alaska Department of EnvironmentalConservation Division of Environmental Health

AI Screen - Submission Form

Print Form

Client Information

Name | Phone | E-Mail

Address | City | State | Zip | Cell | Fax

Requestor Information

☐ Same as Client Info

Name | Phone | E-Mail

Address | City | State | Zip | Fax

INSTRUCTIONS

Please fill in ALL shaded blocks for EACH sample submitted. For further information, or assistance filling out the Avian Influenza Screen submission form, see our web site at:

www.dec.state.ak.us/eh/lab

Sample ID	Sample Description	Sample Comments / ID/Tattoo/Elec ID#	Date Collected	Time Collected	Temprature @Collection	Enviromental Variables	Collected By Name & Initals	Collection Location	Area	Lot # / Age	Species	Sex	Amount of Harvest	Analysis Requested

Shipped ◯ Refrigerated ◯ Frozen ◯ Ambient | Carrier | Air Bill # | ID Marks | Condition at Receipt

Special Instructions

Submitted by: Sign&Print Name | Date/Time | Received by: Sign&Print Name | Date/Time | Relinquished by: Sign&Print Name

Date/Time Rcvd | Rcvd Temp | Rcvd at Lab by: Sign&Print Name | Rcvd by Analyst: Sign&Print Name | Date/Time