



Environmental Health Laboratory
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MARINE TOXINS SAMPLE SUBMISSION FORM

EHL WO#

Business Name		Business or Diver DEC Permit Number	
Business Contact Number		Processor or Vessel Name	
Type of Preservation		Processor or Vessel DEC Permit Number	
Latitude		Longitude	
Harvest Site (AK DF&G District)		Harvest Area (AK DF&G Subdistrict)	
Collected By (Printed)		Date & Time Collected	
Collected By (Signature)		Expected Sales (if applicable)	
I certify under penalty of perjury that the information provided on this form is true.			
Sample Type:			
<input type="checkbox"/> Pre-Harvest <input type="checkbox"/> Post-Harvest <input type="checkbox"/> Surveillance/Research <input type="checkbox"/> Other: _____			
Test(s) Requested:			
<input type="checkbox"/> Paralytic Shellfish Toxin (PST) <input type="checkbox"/> Domoic Acid <input type="checkbox"/> Other: _____			
CHECK EACH SAMPLE TYPE TO BE TESTED	Lot Number	LAB USE ONLY	
<input type="checkbox"/> BLUE MUSSELS		LAB ID#	
<input type="checkbox"/> RAZOR CLAMS		LAB ID#	
<input type="checkbox"/> LITTLE NECKS		LAB ID#	
<input type="checkbox"/> OYSTERS		LAB ID#	
<input type="checkbox"/> GEODUCKS		LAB ID#	
<input type="checkbox"/> CRABS Type: _____		LAB ID#	
<input type="checkbox"/> OTHER:		LAB ID#	
Comments:			