



Environmental Health Laboratory
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MARINE TOXINS SAMPLE SUBMISSION FORM

Business Name		Business Seafood -or- DEC Permit Number	
Business Contact Number		Date/Time Collected	
Type of Preservation		Collected By	
Processor Name (If Applicable)		Processor's Permit Number (If Applicable)	
Test(s) Requested: <input type="checkbox"/> Paralytic Shellfish Poison (PSP) <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		LAB ID#	
<input type="checkbox"/> OTHER:		LAB ID#	
Client Comments:		Harvest Site	
		Harvest Area	
EHL Folder Number		Expected Sales	
EHL Comments			