



**Environmental Health Laboratory**  
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<b>LAB USE ONLY</b>	
EHL WO#	

## **MARINE TOXINS**

### **SAMPLE SUBMISSION FORM**

Business Name	
Business Contact Number	DEC Permit Number
Latitude (Required for Geoducks and Scallops)	Longitude (Required for Geoducks and Scallops)
Harvest Site/Geoduck Bed (Required)	Classified Area
Collected By (Printed)	Date & Time Collected (Required)
Collected By (Signature) (Required)	

**I certify under penalty of perjury that the information provided on this form is true.**

<b>Sample Type:</b>			
<input type="checkbox"/> Pre-Harvest	<input type="checkbox"/> Post-Harvest	<input type="checkbox"/> Surveillance/Research	<input type="checkbox"/> Other: _____
<b>Test(s) Requested:</b>			
<input type="checkbox"/> Paralytic Shellfish Toxin (PST) - Mouse Bioassay (MBA) Method (Regulatory)	<input type="checkbox"/> Domoic Acid		
<input type="checkbox"/> Paralytic Shellfish Toxin (PST) - Post-Column Oxidation (PCOX) Method	<input type="checkbox"/> Other: _____		

<b>CHECK EACH SAMPLE TYPE TO BE TESTED</b>	<b>Lot Number</b>	<b>LAB USE ONLY</b>
<input type="checkbox"/> BLUE MUSSELS		LAB ID#
<input type="checkbox"/> BUTTER CLAMS		LAB ID#
<input type="checkbox"/> CRABS Type: _____		LAB ID#
<input type="checkbox"/> GEODUCKS		LAB ID#
<input type="checkbox"/> Live Sale <input type="checkbox"/> Processed Sale		
<input type="checkbox"/> LITTLE NECKS		LAB ID#
<input type="checkbox"/> OYSTERS		LAB ID#
<input type="checkbox"/> RAZOR CLAMS		LAB ID#
<input type="checkbox"/> SCALLOPS		LAB ID#
<input type="checkbox"/> OTHER:		LAB ID#

<b>Comments:</b>	
<input type="checkbox"/> RETURN COOLER & GEL ICE	Address: _____

<b>LAB USE ONLY</b>	
Received By (Signature)	Date & Time Received