



Environmental Health Laboratory
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LAB USE ONLY
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.		
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) - 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: _____		
CHECK EACH SAMPLE TYPE TO BE TESTED	Lot Number	LAB USE ONLY
<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#
Comments:		
<input type="checkbox"/> RETURN COOLER & GEL ICE Address: _____		
LAB USE ONLY		
Received By (Signature)	Date & Time Received	