



West Virginia Division of Homeland Security and Emergency Management

Health Laboratory Environmental Sample Submission Form
(Radiochemistry Testing)

1703 Coonskin Dr Phone: 304-558-5380 Fax: 304-558-8902
Charleston, WV 25311

Note: Fields marked with an asterisk (*) must be completed

Sample Retention Policy: Submitted samples are deemed property of the original submitter (Person/Agency that receives the testing report) and must be retrieved by the submitter within 60 days of the date of submission.

Collection Information	*Collected by (last name, first name)		*Date Collected (MM/DD/YYYY)		*Time Collected (Military)				
	Sample ID/Agency Log #			Agency /Team					
	Location ID (Nuclear Power Plant - Sector/ Other)		Distance	GPS Latitude		GPS Longitude			
	Street		City		State	Zip			
Test	<input type="checkbox"/> Gamma Analysis <input type="checkbox"/> Gross Alpha <input type="checkbox"/> Gross Beta <input type="checkbox"/> Tritium <input type="checkbox"/> Other _____								
Sample	Sample Code/Type <input type="checkbox"/> CC (Carbon Cartridge) <input type="checkbox"/> Silver Zeolite <input type="checkbox"/> FP/Filter Paper <input type="checkbox"/> SL/Soil <input type="checkbox"/> MI/Milk <input type="checkbox"/> WA/Water <input type="checkbox"/> AF/Animal Feed <input type="checkbox"/> FI/Fish <input type="checkbox"/> MT/Meat <input type="checkbox"/> PR/Produce and Fruit <input type="checkbox"/> SE/Sediment <input type="checkbox"/> VE/Vegetation <input type="checkbox"/> WP/Wipe <input type="checkbox"/> OT/Other _____	Complete and Check/Circle as applicable (Enter time in Military Time) Date ON _____ Time ON _____ Date OFF _____ Time OFF _____ Start Flow _____ Stop Flow _____ <input type="checkbox"/> ft ³ /min or <input type="checkbox"/> L/min Total Volume _____ <input type="checkbox"/> ft ³ or <input type="checkbox"/> L Total Volume _____ <input type="checkbox"/> m ³ Timer Reading _____ Depth of Sample _____ cm Sample Surface Area _____ cm ² Vegetation Sample # (if collected in a separate container) _____ <input type="checkbox"/> Cow <input type="checkbox"/> Goat <input type="checkbox"/> Other, specify _____ Milking Date/Time _____ <input type="checkbox"/> Stored Feed <input type="checkbox"/> Pasture <input type="checkbox"/> Other, specify _____ <input type="checkbox"/> Surface <input type="checkbox"/> Ground/Well <input type="checkbox"/> Potable/Tap <input type="checkbox"/> Snow <input type="checkbox"/> Other, specify _____							
	Comments								
	Field (Dose Rate at 1 Meter)		Field (Dose Rate at Ground Level)		Sample (Contact Dose Rate)		Duplicate/Split Sample #		
	Lab Use Only	Date Received:	Received By:	ODH Lab ID:		Date Reported	Billing <input type="checkbox"/> Fee Due <input type="checkbox"/> Exemption		
		Relinquished By		Date	Time	Received by		Date	Time
	Chain of Custody	Print	Signature			Print	Signature		
		Print	Signature			Print	Signature		
		Print	Signature			Print	Signature		
		Print	Signature			Print	Signature		
		Print	Signature			Print	Signature		
Print		Signature			Print	Signature			

Instructions:

1. Following information is required for billing before testing on samples can be started

Agency Name* _____ Acct# or Fed Tax ID# _____

Contact Name* _____


Address _____ City _____ State _____ Zip _____

Phone Number* _____ Fax Number* _____ Email* _____

Note: Fields marked with an asterisk (*) must be completed

2. Samples with submission forms that have incomplete information may not be processed immediately. Please ensure all required (*) information is provided to avoid unnecessary delays in testing.
3. Enter time in the requested format (military time).
4. Enter date in the requested format (MM/DD/YYYY).
5. Chain of custody section: Submitter and ODHL receivers' signatures.
6. Sample Retention Policy: Submitted samples are deemed property of the original submitter (Person/Agency that receives the testing report) and must be retrieved by the submitter within 60 days of the date of submission.

Deliver To:

	Ohio Department of Health Laboratory	
	Environmental Sample Submission Form (Radiochemistry Testing)	
	8995 East Main Street, Building 22 Reynoldsburg, OH 43068	Phone: 888-634-5227 Fax: 614-387-1505 Email: odhlabs@odh.ohio.gov
	Note: Fields marked with an asterisk (*) must be completed	