



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Biological Threat: Food/Environmental Test Request Form

IDAHO BUREAU OF LABORATORIES

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COMPLETE ALL INFORMATION:

Date:	Submitter Name:	Submitter Organization:		<i>Laboratory Use only: Affix Workorder Label Here</i>
Mailing Address:		City, State, Zip:		
Tel:	Fax:	Email:	Outbreak#:	

SELECT ANALYSIS TO DONE:

Food/Water	<i>E. coli</i>	<i>Listeria monocytogenes</i>	<i>Bacillus cereus</i>	<i>Shigella</i> spp.	Other: _____	
	<i>Salmonella</i> spp.	<i>Clostridium perfringens</i>	<i>Staphylococcus aureus</i>	<i>Campylobacter</i> spp.	(use Comments below for further information)	
Environmental	Unknown Agent Screen	<i>B. mallei/pseudomallei</i>	<i>Brucella</i> spp.	Orthopox virus (e.g. smallpox, monkeypox)	Ricin toxin	Other: _____
	<i>B. anthracis</i> (anthrax)	<i>Y. pestis</i> (plague)	<i>C. burnetii</i> (Q fever)	<i>F. tularensis</i> (tularemia)	Botulinum toxin	(use Comments below for further information)

	Submitter Sample ID	Matrix	Collected By	Date	Time
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Comments: _____
