



# COUNTY OF ALLEGHENY

## OFFICE OF THE MEDICAL EXAMINER

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### SUBMITTAL FORM – ENVIRONMENTAL CHEMISTRY SECTION

1. SUBMITTING AGENCY: \_\_\_\_\_
2. AGENCY'S SAMPLE ID NUMBER: \_\_\_\_\_
3. SUBMITTING AGENT'S NAME: \_\_\_\_\_
4. SUBMITTING AGENT'S PHONE #: \_\_\_\_\_
5. COMPLAINANT NAME \_\_\_\_\_
6. LABORATORY REPORT DESTINATION: \_\_\_\_\_
7. DATE SUBMITTED: \_\_\_\_\_
8. SAMPLE PRIORITY: \_\_\_\_\_
9. SAMPLE TYPE: \_\_\_\_\_
10. SAMPLE COLLECTION DATE & TIME: \_\_\_\_\_
11. SAMPLING LOCATION AND/OR ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. TEST REQUESTED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. AGENT SPECIAL INSTRUCTIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_