

## **Environmental Anthrax Testing Request**

Rare and Imported Pathogens Laboratory (RIPL)

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Please write clearly in dark ink

SENDER'S INFORMATION				
Sender's name and address	Direct Phone			
	Contact email			
	PO number			
Postcode				
SAMPLE INFORMATION				
This form is for Environmental specimens ONLY and not for clinical specimens				

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Prior to sample submission please refer to our environmental sample submission guidelines available on request from the email address above.

Site Address				
Sample type Your reference	Collection	Collection Date		
	D D M	М	Υ	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Υ	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ
	D D M	М	Y	Υ

Signature Date