

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.

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	Room/Location	Collection Date	
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Name Signature Date Date