State of Maryland
DHMH LABORATORIES ADMINISTRATION
Bioterrorism Laboratory

CLINICAL SPECIMEN ACKNOWLEDGEMENT FORM

This form is to be initiated by the submitter.

SUBMITTER		
Description of outer package:	Submitting Laboratory:	**Date and Time**
☐ Package sealed	Responsible Person:	
Handling Instructions:	Name:	
☐ on wet ice ☐ other:	Signature:	
☐ on dry ice	24 hr Telephone No.:	
☐ ambient		

Specimen Type: ☐ Isolate ☐ Stool ☐ Serum ☐ Blood ☐ Tissue ☐ Aspirate ☐ Other:

Specimen Received From:	**Date and Time**	**Specimen Received By:**	**Date and Time**
Signature:		Signature:	
Printed Name:		Printed Name:	
Specimen Received From:	**Date and Time**	**Specimen Received By:**	**Date and Time**
Signature:		Signature:	
Printed Name:		Printed Name:	
Specimen Received From:	**Date and Time**	**Specimen Received By:**	**Date and Time**
Signature:		Signature:	
Printed Name:		Printed Name:	
Specimen Received From:	**Date and Time**	**Specimen Received By:**	**Date and Time**
Signature:		Signature:	
Printed Name:		Printed Name:	
Specimen Received From:	**Date and Time**	**Specimen Received By:**	**Date and Time**
Signature:		Signature:	
Printed Name:		Printed Name:	

FOR STATE REFERENCE BT LAB USE ONLY:	
Date and Time Rec'd:	Properly Packaged?: ☐ Yes ☐ No ☐ Unknown
BT Lab No:	Properly Labelled?: ☐ Yes ☐ No
MBBT Lab No:	If No, describe:
Condition Rec'd:	