UTAH DEPARTMENT OF HEALTH

CYANOTOXIN SAMPLE SUBMISSION FORM

Unified State Laboratories - Utah Department of Health
44321 South 2700 West Taylorsville, UT 84129-8600
801-965-2400

SUBMITTING AGENCY/CUSTOMER INFORMATION

Submitting Agency/Customer Name

Reporting/Contact Information

Attn: _____

Address: _____

_____

Phone: _____

Submitted by: _____

BILLING INFORMATION Same as Agency/Customer Info ☐

Submitting Agency/Customer Name

Attn: _____

Address: _____

_____

Phone: _____

LABORATORY RECEIPT INFORMATION

☐ Hand Delivered
☐ FedEx / UPS Shipped: Tracking #: _____

Received Date: _____

Received Time: _____

Received By: _____

Notes:

SAMPLE INFORMATION

Collection Date (mm/dd/yy)	Collection Time (24 hr)	Collector Initials	STORET	GPS/Location ID	Collection Site Description	Requested Tests			Collection site conditions: pH	Temp °C/°F	Depth	TDS	DO	LAB USE: Lab Sample #
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						
						Anatoxin-a ☐	Microcystin ☐	Cylindro ☐						