



COUNTY OF LOS ANGELES • DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH LABORATORY
CHEMICAL EXPOSURE CLINICAL SPECIMEN
SUBMISSION FORM



12750 Erickson Avenue, Downey, CA 90242
 Tel: 562-658-1300 Fax: 562-401-5999

1. Provider/Physician Information		2. Patient Information	
Name:		Name: Last First MI	
Contact Number:		Address: No./Street:	
Facility Name:		City/ Town:	State: Zip Code:
Address: No./Street:		Phone Number:	
City/ Town:	State:	Zip Code:	Patient ID Number:
Phone Number:		Date Received:	Sex: M <input type="radio"/> F <input type="radio"/>
3. Exposure Information			
Date of Exposure:		Duration of Exposure:	
Time of Exposure:		Time of Symptom Onset:	
4. Symptom(s) Presented			
<input type="checkbox"/> Tearing	<input type="checkbox"/> Runny Nose	<input type="checkbox"/> Sweating	<input type="checkbox"/> Blisters
<input type="checkbox"/> Eye Pain	<input type="checkbox"/> Impaired Vision	<input type="checkbox"/> Pinpoint Pupils	<input type="checkbox"/> Burn
<input type="checkbox"/> Respiratory Distress	<input type="checkbox"/> Muscle Twitching	<input type="checkbox"/> Muscle Weakness	<input type="checkbox"/> Shock
<input type="checkbox"/> Cardiovascular Distress	<input type="checkbox"/> Seizure	<input type="checkbox"/> Loss of Consciousness	
<input type="checkbox"/> Other (Specify) _____			
5. Specimen Information		<input type="checkbox"/> Blood	<input type="checkbox"/> Urine
Date of Collection:		Time of Collection:	
Indicate number of each type of receptacles:			
Purple-Top Tubes: _____		Green/Gray-Top Tubes: _____	Urine Cup: _____