

# Specimen Submission Form

*for Clinical Specimens*

**Chemical Response Laboratory**  
**HAWAII STATE DEPARTMENT OF HEALTH**  
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*Please do not write in this box; CRL use only*

CRL ID: \_\_\_\_\_  
Received By: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
Report To: \_\_\_\_\_  
Results Due/TAT: \_\_\_\_\_  
Comments: \_\_\_\_\_

## SUBMITTER INFORMATION

Name: \_\_\_\_\_  
Organization: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
email: \_\_\_\_\_

## PATIENT INFORMATION

Patient ID: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender (Circle One):    M    F  
Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## SPECIMEN INFORMATION

Specimen ID: \_\_\_\_\_  
Date Collected: \_\_\_\_\_ Time Collected: \_\_\_\_\_  
Location Collected: \_\_\_\_\_  
Source of Specimen (Circle One):    Blood    Serum    Plasma    Urine    Saliva    Other: \_\_\_\_\_  
Specimen Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Analysis Requested: \_\_\_\_\_  
\_\_\_\_\_