

Environmental Laboratory

CTB Sample Submission Form

Program Code:

Project Name:

Collected by:

Contact Information:

Primary ID:

Secondary ID:

Collection Date:

Collection Time:

Analyses:

Place Client Sticker Here

Sample Turn-Around-Time (TAT)

Standard Priority Emergency

For Clinical Samples Only (Lab Matrix: BL)

Field Matrix: Urine Blood Serum Plasma Other:_____

For All Other Samples (Lab Matrix and Field Matrix)

Solid Wipe Other:_____

Comments:

Date

Time

Relinquished By:

Received By:

Minnesota Department of Health

Environmental Laboratory

601 Robert St. North

St. Paul, MN 55155

651-201-5300

health.phl-environmental-lab@state.mn.us<https://www.health.state.mn.us/communities/environment/envlab/index.html>

Oct 2025

To obtain this information in a different format, call: 651-201-5300.