



**Allegheny County**  
**Office of the Medical Examiner**  
**Forensic Laboratory**  
 1520 Penn Avenue • Pittsburgh, PA 15222  
 Phone (412) 350-4800 • Fax (412) 350-3861

**EVIDENCE SUBMITTAL FORM**  
**ENVIRONMENTAL**  
**CHEMISTRY**

**Agency**

**Phone/Fax**

**Agent**

**Client**

**Send Report To:**

**Sample:**

Date Submitted:

Type:

Priority:

Collection Time:

Date:

Sample ID:

Acidification Time (if applicable):

Location and/or Address:

**Tests Requested**

(please check appropriate boxes)

<u>METALS</u>					<u>INORGANICS</u>			<u>ORGANICS / FOOD</u>	
Ag	Be	Cu	Mn	Sb	Alkalinity	Free Cl	pH	BTEX	VOC
Al	Ca	Fe	Na	Se	Chloride	MBAS	Specific Cond.	Extraneous Matter	
As	Cd	Hg	Ni	Tl	Color	Nitrate	Sulfate	<u>Dustfall Cans</u>	
Ba	Cr	Mg	Pb	Zn	Cyanide	Nitrite	TDS	Date On	
Ca Hardness							Fluoride	Date Off	

**Dust / Soil / Paint**

TYPE

Location

Floor / Sill / Trough

Area (L x W)

- 1.
- 2.
- 3.
- 4.

Agent Special Instructions/Tests: