

Health and Environment Testing Laboratory LRN-C Specimen Submission Form

This form **must be submitted** with LRN-C test requests. Specimens that are submitted for LRN-C testing without this form or with incomplete information may be delayed or not tested. rev. 1/20/2026

Facility Information

Facility: _____ Ordering Provider Name: _____
Contact Person: _____ Telephone: _____
Address: _____
Telephone: _____
Secure Fax: _____

Patient Information

Patient Name (Last, First, MI)

DOB: ____ / ____ / ____ (mm/dd/yyyy)

Patient Gender: Male Female Other

Patient Address

Patient Phone Number:

Nicotine Use:

- No
 Yes

Race:

- White
 American Indian or Alaskan Native
 Black or African American
 Asian
 Native Hawaiian/Pacific Islander
 Other
 Two or more races

Ethnicity:

- Hispanic or Latinx
 Non-Hispanic

Test Ordered

Analysis of Nerve Agent Metabolites in Urine and Serum by HPLC MSMS

Specimen Information

Date of Specimen Collection ____ / ____ / ____ (mm/dd/yyyy)

Specimen Source: Urine Blood Serum

Time of Specimen Collection _____ (use A.M. P.M.)