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Clinical Vaping Submission Form [14412] 1 0/ 2019
Chemical Emergency Response Department

Submitter:

Customer Service: (608) 224-6273

Toll Free: (800) 442-4618

Patient's Last Name		First Name	MI
Patient's Address			
City		State	ZIP
Date of Birth	Age	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	

Telephone #:

Ethnicity: <input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> NonHispanic / Latino	Race: <input type="checkbox"/> Amer Indian <input type="checkbox"/> Black / African Amer <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other: _____	Clinician:
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Chart # / Patient ID #:	Submitter Specimen ID Number:	NPI: _____
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Clinical Vaping Specimen Details:

Specimen Type (please specify)	Source	Collection Date	Collection Time	Collector Name	WSLH USE ONLY Specimen Number
<input type="checkbox"/> BAL <input type="checkbox"/> Tissue	<input type="checkbox"/> Lung, Left <input type="checkbox"/> Lung, Right				
<input type="checkbox"/> Blood <input type="checkbox"/> Plasma <input type="checkbox"/> Serum					
<input type="checkbox"/> Urine					

Comments

Ship to:
Noel Stanton/Meshel Lange
WSLH, Chemical Response
2601 Agriculture Drive
Madison WI 53718

WSLH USE ONLY

Specimen Received by	Date Received
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