

VERMONT DEPARTMENT OF HEALTH LABORATORY  
Physical: 359 South Park Dr, Colchester, VT 05446  
Mailing: PO Box 1125, Burlington, VT 05402-1125  
(802)338-4724 or (800)660-9997 (VT only)

Lab number(s)

Receipt Date:

**Blue-Green Algae Toxin  
Request for Analysis**

Report to:

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REQUESTED ANALYSIS: \_\_\_\_\_

SUBMITTER'S NAME: \_\_\_\_\_

SAMPLE SOURCE: \_\_\_\_\_ SAMPLE DATE: \_\_\_\_\_

SAMPLE TYPE or MATRIX \_\_\_\_\_ VIAL 1: \_\_\_\_\_ VIAL 2: \_\_\_\_\_

SUBMITTER COMMENT: \_\_\_\_\_

LABORATORY COMMENT: