

Incident Report Form for Suspected CW Exposure

Please enclose as much of the following information as possible. Insert form inside of a plastic bag to protect from moisture and ship along with biomedical samples to be analyzed.

Exposure Information:

Describe incident including date/time of suspected exposure:

Onset date/time and description of clinical symptoms:

Sample collection date/time:

Potential CW agents involved:

Patient Information:

Name:

Social security number:

Age:

Gender:

Point of Contact Information:

Name:

Address:

Phone/Fax/Email: