

<i>LAB USE ONLY</i>
SAMPLE ID #



SHELLFISH MARINE BIOTOXIN SAMPLE FORM

DATE COLLECTED ____/____/____	DATE SUBMITTED ____/____/____	ORGANIZATION _____
COLLECTOR _____		PHONE (____) _____ - _____
SAMPLE SITE (location, beach) _____		EMAIL _____
Lat/Long (Decimal Degrees) _____		

SPECIES: (Mark only one) <input type="checkbox"/> (CB) BUTTER CLAMS <input type="checkbox"/> (CL) LITTLENECK CLAMS <input type="checkbox"/> (MB) BLUE MUSSELS <input type="checkbox"/> (MC) CALIFORNIA MUSSELS <input type="checkbox"/> (CR) RAZOR CLAMS <input type="checkbox"/> (XX) OTHER _____	# of ORGANISMS: _____ <input type="checkbox"/> (OP) PACIFIC OYSTERS <input type="checkbox"/> (CH) HORSE CLAMS <input type="checkbox"/> (SR) ROCK SCALLOPS <input type="checkbox"/> (CG) GEODUCK <input type="checkbox"/> (CC) COCKLES	TOXIN TEST: <input type="checkbox"/> (PSP) SAXITOXIN <input type="checkbox"/> (ASP) DOMOIC ACID	ALGAE PRESENT: <input type="checkbox"/> ALEXANDRIUM <input type="checkbox"/> PSEUDO -NITZSCHIA
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COMMENTS: _____

LABORATORY RESULTS - LAB USE ONLY						
DATE/TIME RECEIVED						
PSP			DOMOIC ACID			
µg/ 100g	TIME AND DATE REPORTED	INIT.	PPM	TIME AND DATE REPORTED	INIT.	
COMMENTS						

Please notify the lab when sending samples using the contact information below. Include shipping date, shipping method, and tracking information if available.

Primary: seator@sitkatriben-sn.gov
 907-966-9650 (leave message)

Secondary: Kari Lanphier 907-747-7111

Shellfish Sample Collection

- Samples must yield at least 150 grams of meat for processing (approx. 5 oz.). Refer to the following table for the average number organisms required for a sample:

<u>Number of Organisms to Submit per Sample</u>	
Oysters	10 - 12
Butter Clams	10 - 12
Littleneck Clams	25 - 35
Cockles	10-12
Horse Clams	4 - 5
Blue Mussels	80 -130
California Mussels	5 - 6
Rock Scallops	3 - 4
Geoduck	3 - 6

- Shellfish must be in the shell and fresh.
- Samples must be collected from the same beach. Test results are only valid for shellfish collected the immediate area of the submitted samples.
- Do not submit specimens with cracked or crushed shells.
- Place shellfish in a labeled (date and location) waterproof plastic bag.
- Do not mix species (only one species per bag).

Handling

- Do not hold shellfish in seawater or freshwater at any time after collection, however, rinsing with seawater or freshwater to remove sediment is recommended.
- If samples must be held prior to shipment, keep refrigerated. Putrid or decomposed samples will not be processed.

Sample Submission

- Include one Shellfish Biotxin Sample Form for each sample submitted. Place form in a separate waterproof plastic bag.
- If shipping samples, refrigerate using ice packs. Samples must be in a sealable box or other container for shipping.
- Samples delivered in person must be submitted in a waterproof container such as a sealed plastic bag. Leaking samples will not be accepted.
- Samples may be delivered in person between the hours of 8:00 am to 4:30 pm, M-F.
- Sample may be shipped or submitted in person to:

ATTN: Kari Lanphier
STAERL
429 Katlian Street
Sitka, AK 99835
907-966-9650

Test Results

- Each toxin (PSP/ASP) requires its own test.
- Test results will be available from one to several days, depending upon laboratory workload.

For aid in identification of shellfish species see the Shellfish ID Chart available at www.seator.org/resources.

For additional information on paralytic shellfish poisoning, amnesic shellfish poisoning, and harmful algal blooms see our information sheets, also available at www.seator.org/resources.