

<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) _____		

<b>SPECIES: (Mark only one)</b> <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 _____	<b># of ORGANISMS: _____</b> <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	<b>TOXIN TEST:</b> <input type="checkbox"/> (PSP) SAXITOXIN  <input type="checkbox"/> (ASP) DOMOIC ACID	<b>ALGAE PRESENT:</b> <input type="checkbox"/> ALEXANDRIUM  <input type="checkbox"/> PSEUDO -NITZSCHIA
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COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
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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](mailto:seator@sitkatriben-sn.gov)  
 907-966-9650 (leave message)

**Secondary:** Chris Whitehead 907-747-7395  
 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:

Sitka Tribe of Alaska Environmental Lab  
ATTN: SEATOR  
429 Katlian Street  
Sitka, AK 99835

## **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](http://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](http://www.seator.org/resources).