Chemical/Biological Sample Documentation

For use of this form, see FM-3; the proponent agency is TRADOC

INSTRUCTIONS

Place the biological sample inside a refrigerator, ice chest, or insulated container; and keep it as cool as possible at all times.

Sample Identification Number: _____

Date and Time Sample Collected: _____

Reason for Collection (check those that apply):

- ☐ Chem/Bio Attack
- ☐ Chem/Bio Alarm Activated
- ☐ Positive M256 Chemical Detection
- ☐ Positive Recon Team Findings
- ☐ Soldiers Becoming Sick
- ☐ Soldiers Dying
- ☐ Other _____

Location of Attack _____ (UTM or place)

Date and Time of Attack _____

Unit Identification _____ (Co, Bn, Bde, Div, Corps)

Terrain Description (check those that apply):

☐ Flat ☐ Hills ☐ Mountains ☐ Desert ☐ Jungle ☐ Forest

☐ Urban ☐ Grassy ☐ Sparse Trees/Shrubs ☐ Other _____

Weather (check those that apply):

☐ Clear ☐ Cloudy ☐ Rain ☐ Fog ☐ Snow ☐ Dust ☐ Mist

☐ Other _____

Wind at Collection Site (check only one):

☐ None/Calm ☐ Mild Breeze ☐ Windy ☐ Gusts

Odor (check those that apply):

☐ None ☐ Sweet ☐ Fruity ☐ Irritating ☐ Pepper ☐ Flower

☐ Changing ☐ Other _____

Symptons (check those that apply):

☐ None	☐ Skin Swelling	☐ Difficulty Breathing	☐ Blurred Vision
☐ Dizziness	☐ Skin Rash	☐ Nausea	☐ Dry Mouth
☐ Fever	☐ Dark Skin Blotches		☐ Unconscious
☐ Headache	☐ Bleeding Sores	☐ Other _____	

Symptoms:

Time of Onset: _____ Duration (of Symptoms): _____

Delivery Method (check those that apply):

☐ Unknown ☐ Artillery ☐ Mortar ☐ RPG/Grenade ☐ Rocket

☐ Aircraft ☐ Aerosol ☐ Generator ☐ Other _____

State of Agent at Time of Collection (check only one):

☐ Liquid ☐ Vapor ☐ Powder ☐ Solid ☐ Smoke ☐ Mist

☐ Dust (cloud) ☐ Gel ☐ Other _____

Description of Sample (check only one):

☐ Vegetation

☐ Soil ☐ Other _____

Biomedical: ☐ Urine ☐ Blood ☐ Tissue

Color of Sample _____

Size of Sample _____

Other _____

Additional Remarks: