atient's Last Name	FRAGMENT COLLECTION FOR Patient's First Name			Social Security Number		
anome East Name		T dilonito i mot i dal				Occide Coccinty Hamber
ddress				Telephone Nur	mber	Date of Birth
ragment location(s) in	body					Fragment Removal Date
ocation when the vete	ran received the injury that resu	ılted in shrapnel or fra	agments b	eing removed fr	om or remaining i	in the body:
Afghanistan	☐ Iraq ☐ Uı	nknown				
Other (specify):						
ame of VA Medical C	enter where the veteran is curre	ently receiving care				
ddress of VA Medical	Center where the veteran is cur	urrently receiving care				Mail Code
Referring Surgeon/Care	e Provider Name					
	1					
Pager Number		elephone Number		Fax Number (to receive report)		
eferring Facility Conta		Referring	Facility Contac	t Phone		
co of	Ill the Toxic Embedded Frag llection kit. Each kit includes fragments. The materials in ipping requirements.	shipping materials	and six	containers to b	e used for the	collection
red	e shipper of the fragments a quirements. Using bottles an rveillance Center, and using	d packing materials	s supplie	d by the Toxic	Embedded Fra	gment
	Place the fragment(s) in the containers and close tightly.					
	Label the containers in permanent marker with the patient's name, social security number, date of collection and body part location where the fragment was removed.					
	Place all six containers (empty or with fragments) in the cardboard insert.					
	Place the cardboard insert with the absorbent material into the plastic bag provided.					
	Make sure the plastic bag is sealed tightly. Place the plastic bag in the shipping box.					
	Fax this fully-completed form and a copy of the pathology report to the Toxic Embedded Fragment Surveillance Center at 410-605-7943, then place both forms in the shipping box and seal the box.					
	Date and complete the courier shipping label in its entirety.					
	Print "Exempt Human Specimen" on the box and adhere the "UP" labels in the appropriate direction to the outside of the box.					
	Please send the box via overnight courier to:					
	TOXIC EMB 10 N. GREE BALTIMORE	AND HEALTH CAF EDDED FRAGME NE STREET E, MD 21201 EFSC ROOM 6B-1	NT SUR\		ENTER (11/TE	FSC)
				Date Laboratory	Received Specin	nen: