

Hospital logo/ address and other info
Do not forget a phone number

Chain of Custody

Patient id numbers: *(can be a range if multiple samples)*

Collected by: _____
(Printed Name) (Signature) (Date) (Time)

Contents: *example here would be "1 box containing 15 blood tubes"* _____

Reason: *example here would be "handing off to security"* _____

Received by: _____
(Printed Name) (Signature) (Date) (Time)

Reason: _____

Received by: _____
(Printed Name) (Signature) (Date) (Time)

Reason: _____

Received by: _____
(Printed Name) (Signature) (Date) (Time)

Reason: _____

Received by: _____
(Printed Name) (Signature) (Date) (Time)

Additional Chain Of Custody form attached? Yes No