

## **District of Columbia • Department of Forensic Sciences • Public Health Laboratory** 401 E Street SW • 4<sup>th</sup> Floor • Washington, DC 20024 • Voice (202) 481-3419 • Fax (202) 481-3464

General Laboratory External Chain of Custody

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## DC Public Health Laboratory External Chain of Custody

Specimens Submitted by:		Specimens Received by:	
Hospital/Clinic:  Point of Contact at hospital/clinic		Courier Service	
Provider/Submitter Name:		Date & Time	
Phone:	fored to		
Fax:Number results will be faxed to Signature:		Initials	
Date & Time:			
Unique Specimen	Sample type (e.g.,		
# Identifier (e.g., MRN,	serum, urine,	Submission Date	Comments
outbreak #, OCME #)	tissue, isolate)		
1		Date that email was s	
Enter Zika Case #: Z.DC.XXX	Enter one sample type per cell	to ZikaLab or DC.PH	
3			
4			
5			
6			
7			
8			
9			
10			
The Section Below is for DCPHL only			
Specimens Received by: DFS Employee:		Specimens Transferred to: PHL Employee:	
Date & Time		Date & Time:	
Signature:		Signature:	