



## DC Pubic Health Laboratory External Chain of Custody

**Specimens Submitted by:**

Hospital/Clinic: \_\_\_\_\_

Provider/Submitter Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Signature: \_\_\_\_\_

Date & Time: \_\_\_\_\_

**Specimens Received by:**

Courier Service \_\_\_\_\_

Date & Time \_\_\_\_\_

Initials \_\_\_\_\_

#	Unique Specimen Identifier (e.g., MRN, outbreak #, OCME #)	Sample type (e.g., serum, urine, tissue, isolate)	Submission Date	Comments
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

*The Section Below is for DCPHL only*

**Specimens Received by:**

DFS Employee: \_\_\_\_\_

Date & Time \_\_\_\_\_

Signature: \_\_\_\_\_

**Specimens Transferred to:**

PHL Employee: \_\_\_\_\_

Date & Time: \_\_\_\_\_

Signature: \_\_\_\_\_