



DC Public Health Laboratory External Chain of Custody

Specimens Submitted by:

Hospital/Clinic: _____

Point of Contact at hospital/clinic

Provider/Submitter Name: _____

Phone: _____

Fax: _____

Number results will be faxed to

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 | Enter Zika Case #: Z.DC.XXX | Enter one sample type per cell | Date that email was sent to ZikaLab or DC.PHL | |
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The Section Below is for DCPHL only

Specimens Received by:

DFS Employee: _____

Date & Time _____

Signature: _____

Specimens Transferred to:

PHL Employee: _____

Date & Time: _____

Signature: _____