



Public Health Laboratory ID # : _____

ANALYTICAL CHEMISTRY LABORATORY SAMPLE: CHAIN-OF-CUSTODY

Patient's Name (Last)	(First)	(MI)	Date of Birth MO DAY YR	Collection Time : ____AM : ____PM	Collection Date MO DAY YR
Social Security #	Hospital ID # / Information		Race	Sex	Patient Sticker ** Patient information on the sticker does not need to be reentered in the gray portion of this form

<p>Specimen Type</p> <p>___ Blood ___ EDTA – Purple # ___ ___ Green # ___ ___ Gray # ___</p> <p>___ Urine ___ Non Clinical ___ Other*</p> <p>Approx. Volume _____ mL *include full description of specimen under specimen/sample description</p>	<p>Patient Symptoms: Date of Onset: / /</p> <hr/> <p>Specimen/Sample Description:</p> <hr/> <p>Type of Test Requested:</p> <hr/>	<p>Sender Information</p>
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1. Collected by: _____ / _____ (Printed Name) (Signature)	<u>Date:</u>	<u>Time:</u>
Reason: _____		
<u>Date:</u> <u>Time:</u>		
2. Submitted by: _____ / _____ (Printed Name) (Signature)	<u>Date:</u>	<u>Time:</u>
Reason: _____		
<u>Date:</u> <u>Time:</u>		
3. Received by: _____ / _____ (Printed Name) (Signature)	<u>Date:</u>	<u>Time:</u>
Reason: _____		
<u>Date:</u> <u>Time:</u>		
4. Received by: _____ / _____ (Printed Name) (Signature)	<u>Date:</u>	<u>Time:</u>
Reason: _____		
<u>Date:</u> <u>Time:</u>		
5. Received by: _____ / _____ (Printed Name) (Signature)	<u>Date:</u>	<u>Time:</u>
Reason: _____		

ACL INTERNAL USE ONLY	Meets COC: ___ YES ___ NO
Comments: _____	
Signature: _____	Date: _____ / _____ / _____

INSTRUCTIONS FOR COMPLETING CHAIN-OF-CUSTODY FORM* (COCF):

- A. Collector affixes patient label and evidence tape to each specimen tube or cup and initials across the evidence tape (for LRN samples) and specimen container.
- B. Collector ensures that patient information appears on the COCF by completing the gray area OR by affixing a patient sticker in the indicated area.
- C. Collector completes manifest portion of COCF by indicating sample collection time, date, and specimen type to be shipped.
- D. Collector completes signature line one (1.) of the COCF. (provides printed name, signature, date, time of collection and reason for collection)
- E. Collector seals COCF and specimen(s) in a biohazard bag.
- F. Collector places specimen(s) in appropriate storage** and holds for pickup by DPH ACL.
- G. Collector places specimen(s) in appropriate storage until pickup by SCDPH ACL or transported to the Public Health Laboratory

*Two COCFs are required for each patient: one for blood samples and a second for urine samples.

**Blood specimens should be placed in a 4°C refrigerator or on ice packs. Urine specimens should be placed in a -70°C freezer or on dry ice.