

Missouri Department of Health and Senior Services State Public Health Laboratory

101 North Chestnut Street Jefferson City MO 65101 573-751-3334



www.health.mo.gov/lab

Chain-of-Custody Record for Samples NOTE: A completed Test Request Form must accompany each sample.

Collector's Name:			Collector's Signature:			
Agency Name:		Phone Number: (<u> </u>	
Address:						
City:						
State: Zip						
Sample Information:						
Sample Description	Collection	Point	Date Collected	Time Collected	Collector's Initials	LAB USE ONLY Lab Number
						<u>l</u>
Relinquished by: Signature & Print Name		Received by: Signature & Print Name			Date:	Time:
Relinquished by: Signature & Print Name		Received by: Signature & Print Name			Date:	Time:
Relinquished by: Signature & Print Name		Received for Laboratory by: Signature & Print Name			Date:	Time:
Relinquished by: Signature & Print Name		Received for Testing Unit by: Signature & Print Name			Date:	Time:
Disposed of by: Signature & Print Name		Sent to Central Services (Samples to be autoclaved and placed in routine laboratory waste)			Date:	Time:
Method of Shipment (Circle): MSPHL Courier Direct Delivery By:					_ Other:	
Sample Chain-of-Custody Form	Pa	age 1 of 1 rev	3/10/2020 AM			