



Missouri Department of Health and Senior Services
State Public Health Laboratory

101 North Chestnut Street
P.O. Box 570
Jefferson City, MO 65102
573-751-3334

Chain of Custody Form

Description of sample(s):

Received By: (Printed Name and Signature)

Date:

Time:

Organization:

Reason:

Released By: (Printed Name and Signature)

Date:

Time:

Organization:

Reason: