



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: (_____) _____

Address: _____

City: _____

State: _____ Zip Code: _____

Sample Information:

| Sample Description | Collection Point | Date Collected | Time Collected | Collector's Initials | LAB USE ONLY Lab Number |
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| 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: _____