



B.O.L. ID # : _____

CT LABORATORY SAMPLE: CHAIN-OF-CUSTODY FORM

Patient's Name (Last)	(First)	(MI)	MO	Date of Birth DAY	YR	Collection Time : _____AM _____PM	MO	Collection Date DAY	YR
Social Security #		Hospital ID # / Information			Race	Sex	Patient Sticker		
Specimen Type				Patient Symptoms: Date of Onset: / /			Sender		
_____ Blood _____ EDTA – Purple # _____ _____ Green # _____ _____ Gray # _____ _____ Urine Approx. Volume _____mL				_____ _____ _____ _____ (Optional)					

Date: _____ Time: _____

1. Collected by: _____ / _____
 (Printed Name) (Signature)

Reason: _____

Date: _____ Time: _____

2. Received by: _____ / _____
 (Printed Name) (Signature)

Reason: _____

Date: _____ Time: _____

3. Received by: _____ / _____
 (Printed Name) (Signature)

Reason: _____

Date: _____ Time: _____

4. Received by: _____ / _____
 (Printed Name) (Signature)

Reason: _____

Date: _____ Time: _____

5. Received by: _____ / _____
 (Printed Name) (Signature)

Reason: _____

CTU INTERNAL USE ONLY	Meets COC: <input type="checkbox"/> YES <input type="checkbox"/> 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 AND specimen container.
- B. Collector insures 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 signature, printed name, date, time of collection and reason for collection)
- E. Collector seals COCF and specimen(s) in provided biohazard bag.
- F. Collector places specimen(s) in appropriate storage** and holds for pickup by DHEC CTU.

*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.