

Chain of Custody Form

This document **must** accompany all requests that have, or are likely to have, medico/legal consequences. The form must be signed by each person handling the sample from the time of collection to its receipt by the analyst.

Name of Patient

DOB..... NHS No. Ward.....

Type of specimens

1. Sample(s) **taken** by (print):
 Taken by (sign): Date / / Time.....:.....

2. Sample(s) **labelled** by (print):
 Labelled by (sign): Date / / Time.....:.....

3. Given to (print):
 Received by (sign): Date / / Time.....:.....

4. Given to (print):
 Received by (sign): Date / / Time.....:.....

5. Given to (print):
 Received by (sign): Date / / Time.....:.....

6. Received in lab by (print):
 Received by (sign): Date / / Time.....:.....

7. Analysed in lab by (print):
 Analysed by (sign): Date / / Time.....:.....

Comment:

It is essential that all persons handling the sample(s) sign this document and that the samples(s) and this document do not get separated from each other.