

Royal Berkshire NHS Foundation Trust	ACTIVE	Doc. Ref: LP-MIC-MCOCF
MICROBIOLOGY LABORATORY	Version 1 Issue 1	Page 1 of 1
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This version authorised by: P Smith		Date:

Chain of Custody - Microbiology

Date specimen taken:	Time taken (24 hr clock):	Doctor's Name:
Patient's details (Name, NHS/MRN, DOB):		Doctor's Signature:

ENSURE ONE FORM IS SENT FOR EACH SPECIMEN

Specimen Type	
Test Requested	

Procedure	Name	Signature	Date	Time
Specimen taken by				
Specimen labelled by				
Specimen delivered to laboratory by				
Received by (On-call Y/N)				
Biomedical Scientist Check				
(Please state procedure)				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
Senior Biomedical Scientist check on completion				
Consultant check on completion				