

# Chain of Custody Form for Legal Samples

## <sup>1</sup>Client Information

Date: \_\_\_\_\_ Submitted by: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_

## Lab Information

Transported by: \_\_\_\_\_  
<sup>2</sup>Submitted to: \_\_\_\_\_  
 Contact Person/Lab: \_\_\_\_\_  
<sup>3</sup>Storage/Conditions when Received: \_\_\_\_\_

*(See back for additional information and instructions)*

Senders Sample ID	Date and Time Collected	Sampling Location	Matrix and Size	Container Type and Size	Analysis Requested	Lab #
7						

Remarks: (reason for investigation, clinical symptoms, background info, condition of sample)

## <sup>4</sup>Chain of Custody Record

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Relinquished by:	Date:	Received by:	Date:	Remarks:
	Time:		Time:	
Relinquished by:	Date:	Received by:	Date:	Remarks:
	Time:		Time:	
Relinquished by:	Date:	Received by:	Date:	Remarks:
	Time:		Time:	
<sup>6</sup> Relinquished by:	Date:	Received by:	Date:	Remarks:
	Time:		Time:	

## Laboratory Use:

<sup>8</sup>Seal Broken by: \_\_\_\_\_ Date Broken: \_\_\_\_\_ Time: \_\_\_\_\_ Sample Stored: \_\_\_\_\_ °

Date Testing/Analysis Initiated: \_\_\_\_\_ Date Testing/Analysis Completed \_\_\_\_\_

Instructions for completing form:

## Chain of Custody Form for Legal Samples

1. The client/submitter fills out the <sup>1</sup>Client Information section. <sup>2</sup>The Submitted to: name should either be the sample receptionist or if available, the contact person's name. <sup>3</sup>Document condition of sample when received. (e.g. broken, spoiled, good condition)
2. <sup>4</sup>Chain of custody Record section:
  - the client/submitter signs, dates and records the time in the first box, <sup>5</sup>the receiver box is signed by the lab personnel receiving the sample.
  - if the sample is to be tested in more than one lab area, use this section to show movement of sample.
  - in cases when the legal sample is being returned to the client, <sup>6</sup>lab personnel will sign the next relinquished box, fill out date, time and the client/receiver will sign received by.
3. <sup>7</sup>Laboratory staff: record the corresponding sample lab number(s), <sup>8</sup>date and time that the sample seal is broken, where the sample is being stored and at what temperature.
4. This form should accompany any other laboratory forms required to analyze sample(s).
5. Keep the original for your records, photocopy sent to client.

Senders Sample ID	Date and Time Collected	Sampling Location	Matrix and Size	Container Type and Size	Analysis Requested	Lab #

Additional information and/or map.