

Date/time:	Agency:
Location:	
Contact name:	Phone number:
	E-mail address:
	FAX number:
Agencies involved (71st CST, EMS, LLE):	
Patient exposure: ____ Yes or ____ No    If yes, where were they taken? _____	
Describe any signs/symptoms.	
Sample collection time: _____	
Sample description (including sample ID, if applicable):	
Is this a potential biological threat sample? Please describe your observations.	
Field tests / results: pH (in water): _____ Oxidizer test: _____ Radiation: _____	
Gas meter: _____ FTIR/Raman (confirm QA checks):	
Comments:	
Send final report to:	
Name:	
Address:	
Fax Number: _____ Phone number for phone results:	
Information regarding Chain of Custody (CoC)- page two of form:	
<ul style="list-style-type: none"><li>Chain of custody <b>MUST</b> be maintained for the life span of the sample. It is the responsibility of the submitting agency to initiate CoC. Please initiate CoC by having the individual who collected the specimen print, sign, and date in row 1 of the "Sample Relinquished By" column. When the specimen is transferred to a new individual they must sign, print, and date in row 1 of the "Sample Received By" column.</li><li>Each custody transfer must be documented until the specimen is received by designated SHL staff.</li><li>The CoC must stay with the sample at all times.</li><li>Each Specimen requires an individual CoC.</li></ul>	
Note: Samples shall be returned to the submitting agency or destroyed after 30 days of the final report being provided to the agency liaison.	
Note: This form is 2 pages. PLEASE PRINT FRONT AND BACK.	



Page \_\_\_\_\_ of \_\_\_\_\_

# Chain of Custody Form

SHL Accession Number		Brief Physical Description (Include sample type)		Qty if Known (volume, weight)		Comments		
<b>Sample Collected By</b> (Sign & Print Legibly) MM/DD/YY				<b>Sample Received By</b> (Sign & Print Legibly) MM/DD/YY				
Signature		Date		Signature		Date		
Print		Time (hh:mm)		Print		Time (hh:mm)		
<b>Sample Relinquished By</b> (Sign & Print Legibly) MM/DD/YY				<b>Sample Received By</b> (Sign & Print Legibly) MM/DD/YY				
1	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
2	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
3	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
4	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
5	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
6	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
7	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
8	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
9	Signature		Date		Signature		Date	
	Print		Time		Print		Time	
10	Signature		Date		Signature		Date	
	Print		Time		Print		Time	