



Public Health Laboratory ID # :

**ANALYTICAL CHEMISTRY LABORATORY SAMPLE: CHAIN-OF-CUSTODY**

Patient's Name (Last)	(First)	(MI)	Date of Birth MO DAY YR			Collection Time : ___AM : ___PM	Collection Date MO DAY YR		
Social Security #	Hospital ID # / Information		Race	Sex	Patient Sticker ** Patient information on the sticker does not need to be reentered in the gray portion of this form				

Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> EDTA – Purple # _____ <input type="checkbox"/> Green # _____ <input type="checkbox"/> Gray # _____ <input type="checkbox"/> Urine <input type="checkbox"/> Non Clinical <input type="checkbox"/> Other* Approx. Volume _____ mL *include full description of specimen under specimen/sample description	Patient Symptoms: Date of Onset: / / _____ _____ Specimen/Sample Description: _____ _____ Type of Test Requested: _____ _____	Sender Information _____ _____
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1. Collected by: _____ / _____ (Printed Name) (Signature)	Date: _____ Time: _____
Reason: _____	
2. Submitted by: _____ / _____ (Printed Name) (Signature)	Date: _____ Time: _____
Reason: _____	
3. Received by: _____ / _____ (Printed Name) (Signature)	Date: _____ Time: _____
Reason: _____	
4. Received by: _____ / _____ (Printed Name) (Signature)	Date: _____ Time: _____
Reason: _____	
5. Received by: _____ / _____ (Printed Name) (Signature)	Date: _____ Time: _____
Reason: _____	

<b>ACL INTERNAL USE ONLY</b>	Meets COC: ___ YES ___ 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 (for LRN samples) and specimen container.
- B. Collector ensures 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 printed name, signature, date, time of collection and reason for collection)
- E. Collector seals COCF and specimen(s) in a biohazard bag.
- F. Collector places specimen(s) in appropriate storage\*\* and holds for pickup by DHEC ACL.
- G. Collector places specimen(s) in appropriate storage until pickup by SCDHEC ACL or transported to the Public Health Laboratory

\*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.