

## DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION PUBLIC HEALTH NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH 4312 DISTRICT DRIVE RALEIGH, NC 27607 24/7 EMERGENCY PHONE: (919) 807-8600

## **CHAIN OF CUSTODY FORM**

SUBMITTER DATA								
Investigator Name: Date S				Submitted:				
Agency: Agency					No.:			
Address:								
City/County:	State:			Zip Code:				
Phone No.: Fax No.: E-ma				1:				
24-hour contact name (for emergency) Name: 24-hour phone number (for emergency) Phone:								
SAMPLE COLLECTION INFORMATION								
Collected by (signature):	Date/Time:			Location (full address):				
Contents Suspected:								
SAMPLE								
Submitter Sample ID Sample Description				SLPH Lab			SLPH Lab Sample ID	
CHAIN OF CUSTODY								
Relinquished by: Organization:						Date/Time:		
Received by: Organization:							Date/Time:	
Action	Date			Tim	ne	Signature		
Sample Disposition:				Date:	Tim	ne:	Signature:	