



**PLACE PATIENT
 STICKER HERE**

DPHL CHAIN OF CUSTODY FOR CLINICAL SAMPLES

DPHL Lab ID# _____ Collection Date/Time: _____ Page ____ of ____

DIRECTIONS: This form must be completed for *each* patient. Attach and complete the LIMS Request for Testing for routine samples not entered directly into LIMS.

Original Specimen Collected by (Print and Sign): _____

Collection Date:

Collection Time:

| | |
|--|---------------------------------|
| Sample ID: | Storage Conditions & Location: |
| Number of specimens: | Security Conditions & Location: |
| Specimen type(s): | Container(s) type: |
| Brief Description of Sample(s): | |
| | |

Description of sample submitted:

| | |
|-----------------------------|--------------------------|
| Patient's Name: | Date of Birth: |
| Patient's ID number: | Gender (circle): M F Unk |
| Clinical Diagnosis: | Health Status: |
| Number of specimens: | Specimen type: |
| Any Additional Information: | |
| | |

Test(s) Requested: _____

| Received by: (print/sign) | Date: | Time: |
|-------------------------------|--------------|--------------|
| Organization: | | |
| Relinquished by: (print/sign) | | |
| Reason: | | |
| Received by: (print/sign) | Date: | Time: |
| Organization: | | |
| Relinquished by: (print/sign) | | |
| Reason: | | |
| Received by: (print/sign) | Date: | Time: |
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| Reason: | | |

Shaded area to be completed by DPHL Personnel ONLY
CLEARED FOR ANALYSIS? YES NO – LIST REJECT REASON: _____
DPHL receiver printed name/signature: _____
DPHL receiver date and time: _____

Priority of Testing (CIRCLE): CRITICAL (STAT) MODERATE (ROUTINE) EXERCISE

Revised 01/13/10
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