Chain of Custody Form

This document must accompany the specimen (i.e. bullet) at all times.

I, ____________________________ ____________________________
Name Title

Removed a specimen consisting of a/several ____________________________
from ____________________________ at ____________ on ____________.
Patient Time Date

The specimen has been handled by the following people. The last person on the list
___________________________ disposed/retains possession of the specimen.

1. ____________________________ ____________________________
Name Title
transferred specimen to ____________________________ ____________________________
Name Title
Date Time

I, ____________________________ ____________________________ process, if no action enter “only handled”
Name

2. ____________________________ ____________________________
Name Title
transferred specimen to ____________________________ ____________________________
Name Title
Date Time

I, ____________________________ ____________________________ process, if no action enter “only handled”
Name

3. ____________________________ ____________________________
Name Title
transferred specimen to ____________________________ ____________________________
Name Title
Date Time

I, ____________________________ ____________________________ process, if no action enter “only handled”
Name