



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF 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

Please fill in all data in appropriate boxes

Investigator Name:		Date Submitted:	
Agency:		Agency Case No.:	
Address:			
City/County:		State:	Zip Code:
Phone No.:	Fax No.:	E-mail:	
24-hour contact name (for emergency) Name:		24-hour phone number (for emergency) Phone:	

SAMPLE DESCRIPTION

Laboratory Sample Number(s):
Sample Description:

Total Number of Containers/Samples: _____

SAMPLE COLLECTION INFORMATION

Collected by(initials):	Date and Time Collected:	Location (full address):
Contents Suspected:		

CHAIN OF CUSTODY

Relinquished by:	Organization:	Date/Time:
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Received by:	Organization:	Date/Time:
Custodial Agent:	Action:	Date/Time:
Custodial Agent:	Action:	Date/Time:

Moved from/to:	Date:	Time:	Initials	Signature:
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Moved from/to:	Date:	Time:	Initials:	Signature:
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Moved from/to:	Date:	Time:	Initials:	Signature:
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