

CHAIN OF CUSTODY RECORD

TO BE COMPLETED BY ORIGINATOR		
Date Collected:	Time Collected:	Collected By: (name)
Submitting Agency Name and Address:		
Description of Sample(s):		
Method of Sample Transportation: <input type="checkbox"/> FedEx <input type="checkbox"/> UPS <input type="checkbox"/> USPS <input type="checkbox"/> Hand delivered to OLS staff <input type="checkbox"/> Left specimen in OLS drop-off refrigerator	Tracking number: (if applicable)	Seal Number:

TRANSFER RECORD				
RELINQUISHED FROM	GIVEN TO	DATE/TIME	RECEIVED BY	DATE/TIME
Signature: Print Name:		___ / ___ / ___ __:__ am/pm	Signature: Print Name:	___ / ___ / ___ __:__ am/pm
Signature: Print Name:		___ / ___ / ___ __:__ am/pm	Signature: Print Name:	___ / ___ / ___ __:__ am/pm
Signature: Print Name:		___ / ___ / ___ __:__ am/pm	Signature: Print Name:	___ / ___ / ___ __:__ am/pm
Signature: Print Name:		___ / ___ / ___ __:__ am/pm	Signature: Print Name:	___ / ___ / ___ __:__ am/pm

Comments:

OLS (normal business hours): 304-558-3530
 OLS On-Call (after hours): 304-552-2564
 DHHR Security: 304-558-7911