



BT/CT CHAIN-OF-CUSTODY FORM

1. SAMPLE ID NUMBER: Assigned by submitter	2. DATE COLLECTED:	3. EOC NUMBER:			
4. COLLECTED BY: Name of originator (person or group)	5. COUNTY:	6. OLS LAB NUMBER:			
7. <input type="checkbox"/> ENVIRONMENTAL SAMPLE <input type="checkbox"/> CLINICAL SAMPLE					
8. INCIDENT DESCRIPTION: Describe what happened, number of people exposed and why sample was submitted.					
9. INCIDENT LOCATION:					
10. SAMPLE DESCRIPTION: Describe Type, Packaging, Quantity, etc.					
11. SUSPECTED BIOLOGICAL / CHEMICAL TERRORISM AGENT(S): <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; padding: 5px;"> Bio-terrorism Agent(s) <input type="checkbox"/> Anthrax <input type="checkbox"/> Avian Flu <input type="checkbox"/> Brucella <input type="checkbox"/> Burkholderia <input type="checkbox"/> Coxiella <input type="checkbox"/> Plague <input type="checkbox"/> Smallpox <input type="checkbox"/> Toxins <input type="checkbox"/> Tularemia <input type="checkbox"/> Unknown </td> <td style="width: 50%; padding: 5px;"> Chemical Terrorism Agent(s) <input type="checkbox"/> Nerve Agent <input type="checkbox"/> Blister Agent/Vesicant <input type="checkbox"/> Blood Agent <input type="checkbox"/> Choking Agent/Irritant Agent <input type="checkbox"/> Riot Control <input type="checkbox"/> Unknown </td> </tr> </table>			Bio-terrorism Agent(s) <input type="checkbox"/> Anthrax <input type="checkbox"/> Avian Flu <input type="checkbox"/> Brucella <input type="checkbox"/> Burkholderia <input type="checkbox"/> Coxiella <input type="checkbox"/> Plague <input type="checkbox"/> Smallpox <input type="checkbox"/> Toxins <input type="checkbox"/> Tularemia <input type="checkbox"/> Unknown	Chemical Terrorism Agent(s) <input type="checkbox"/> Nerve Agent <input type="checkbox"/> Blister Agent/Vesicant <input type="checkbox"/> Blood Agent <input type="checkbox"/> Choking Agent/Irritant Agent <input type="checkbox"/> Riot Control <input type="checkbox"/> Unknown	
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12. SAMPLE RELINQUISHED FROM: Detailed information about the originator (individual or organization). Organization: _____ Date: _____ Time: _____ Address: _____ Phone: _____ Relinquished from: _____ [Sign in Section 13] Received via: <input type="checkbox"/> US Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Shipped via _____					
13. SAMPLE TRANSFER: Each person relinquishing or receiving the sample must sign the below.					
Relinquished from	Organization	Date/Time	Received by	Organization	Date/Time
Signature:		_/_/_/	Signature:		_/_/_/
Print Name:			Print Name:		
Signature:		_/_/_/	Signature:		_/_/_/
Print Name:			Print Name:		



167th 11th Avenue
 South Charleston, WV 25303
 Phone: 304-558-3530 x 2301
 Fax: 304-558-2006

4710 Chimney Drive, Suite G
 Charleston, WV 25302
 Phone: 304-965-2694
 Fax: 304-965-2696

(cont) SAMPLE TRANSFER: Each person relinquishing or receiving the sample must sign the below.

Relinquished from	Organization	Date/Time	Received by	Organization	Date/Time
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___
Signature: Print Name:		___/___/___	Signature: Print Name:		___/___/___

14. OLS SAMPLE DISPOSITION: Transfer or disposal of sample by OLS.

Organization: _____ Date: _____ Time: _____

Address: _____ Phone: _____

Received by: _____ [Sign in Section 13]

Witnessed by: _____ Date: _____

Transferred via: US Mail, Hand Delivered, Shipped via _____, Sample Destroyed, Date: _____

15. OLS SAMPLE STORAGE CONDITIONS: Describe how sample is stored and secured until it is transferred or destroyed.



FORM INSTRUCTIONS

SUBMITTER: Please fill out Sections 1-12, excluding 6, and the Header and Footer

- ❖ Please use **BLUE** Ink when completing this form
- ❖ A BT/CT Chain-Of-Custody Form must be filled out for EACH Sample.
- ❖ Use the cell descriptions below to properly fill out the form.

HEADER – Check which OLS Laboratory initially received the sample from the originator.

1. **SAMPLE ID NUMBER** – The sample ID Number that the originator has designated.
2. **DATE COLLECTED** – The date that the sample was collected by the originator.
3. **EOC NUMBER** - All samples must have an EOC (Emergency Operation Center) number before they are submitted to the OLS. The submitter must contact the West Virginia Office of Emergency Services, Phone (304) 558-5380 (24 hour contact number) to obtain an EOC number.
4. **COLLECTED BY** – The name of the originator (individual and/or organization) that collected the sample.
5. **COUNTY** – The County in WV where the sample was collected.
6. **OLS LAB NUMBER** – The OLS will assign and label the sample with a unique OLS Lab Number.
7. Choose **ENVIRONMENTAL SAMPLE** or **CLINICAL SAMPLE**
8. **INCIDENT DESCRIPTION** – Describe the incident that lead to the sample(s) being submitted. Include the number of exposures and any injuries if applicable.
9. **INCIDENT LOCATION** – List the location where the sample originated.
10. **SAMPLE DESCRIPTION** – Describe the number, quantity, type, packaging, etc for the samples received.
11. **SUSPECTED BIOLOGICAL / CHEMICAL TERRORISM AGENT(S)** – If known, check the appropriate box for either bio-terrorism and/or chemical terrorism agents suspected.
12. **SAMPLE RELINQUISHED FROM** – Detailed information about the originator (organization and individual) from whom the sample was received. If the sample is received via mail, UPS, FedEx, etc., a sample received from signature is not necessary, but the delivery receipt should be witnessed. Maintain copies of all shipping documents with the sample paperwork or attach to the Evidence / Chain of Custody Document.
13. **SAMPLE TRANSFER** – Individuals for which samples were relinquished from, and received by, must sign when each transfer is made.
14. **OLS SAMPLE DISPOSITION** - Detailed information about the organization and/or individual to which the OLS relinquishes the sample. If the sample is relinquished via mail, UPS, FedEx, etc., a sample received by signature is not necessary, but the delivery shipment should be witnessed. If the sample destroyed by OLS, the destruction date is recorded. Maintain copies of all shipping documents with the sample paperwork or attach to the Evidence / Chain of Custody Document.
15. **SAMPLE STORAGE CONDITIONS** – Conditions where and how the sample is/was stored and secured.
16. **FOOTER** – If required, attach addition pages as needed. Complete Sections 1, 3 and 6 on all subsequent pages and fill in the Page ____ of ____ on each page.