Chain of Custody Form

High Containment and BioRisk
DRI FRM-0479

NOTE: This form must be accompanied by request form

ITEM (to be completed by person collecting item)	
What is the KEY item for testing as described fully in accompanying request form (if more than ONE item specify each)	
Test requested	☐ VHF ☐ Other (please specify:)

Where Chain of Custody started	
Place where item originally collected (details here reflect beginning of chain of custody)	Nature of Premises (home, business, hospital-provide name, public place/name)

Details of persons First collecting the specimen and starting the Chain of Custody

Organisation	Phone	Email	Full Name (printed)	Signature	Date (DD/MM/YYYY) Time (00:00 24hr)	Confirm packed and tampered seal
						YES / NO: Tampered seal number (if available):

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Subsequent Chain of Custody (To be completed by each person taking or relinquishing custody including to and from storage)

Organisation	Phone	Collection (C)/Delivery (D)/ Receipt (R)/Storage (S)			Package Integrity	C/D/R/S Address	Full Name	Relinquishing/ Accepting Signature
		C/D/R/S	Date (DD/MM/YYYY)	Time (00:00 24hr)	Yes/No			

Authority (Organisation/authority authoring submission of test)

Authority	Authorised By
Public health and wellbeing act 2008 ☐ **Public health and wellbeing regulation 2019** ☐ **Department of Health** ☐ **LPHU's** ☐ **Other** ☐	

VIDRL Internal Use Only Delivery Description (by receiving lab)

No. of Containers	Sealed Y/N	Seal Tamper Y/N	Seal Initialled Y/N	Seal ID	Package Integrity	Photo Y/N (Ref)	Photographer
Description							

Accepted by Receiving Lab (receiving lab staff member)

Full Name	Signature	Lab	Date (DD/MM/YYYY)	Time (00:00 24hr)