



**Facility/Hospital Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
**Contact Name:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Ship Date:** \_\_\_\_\_

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### Chemical Exposure Specimen Chain-of-Custody for Blood

**Instructions:** Complete each section of this form with the required information. Ensure that the specimen collector signs the first row at the bottom of this page. Each individual taking possession of the specimens must sign in the "Accepted by:" column. If that individual transfers possession of the samples they must also sign in the "Relinquished by:" column. Please keep this original copy for your records. A *copy* of this form shall accompany the samples when delivered to the MDH.

MDH Number (MDH use only)	Item #	Patient name and ID # (i.e. accession #) <i>*Patient labels are encouraged</i>	Estimated time of exposure	Date of exposure	Number of purple tubes	Number of green or gray tubes	Time of collection	Date of collection	Comments (i.e. incomplete draw)	Collector's Initials/Code
█	1									
█	2									
█	3									
█	4									
█	5									

Specimen collector / Affiliation		Date	Time	Accepted by / Affiliation		Date	Time
Relinquished by / Affiliation		Date	Time				
(Specimen collector)							