DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION 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			
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 COLLECTION INFORMATION		
Collected by (signature):	Date/Time:	Location (full address):
Contents Suspected:		

SAMPLE		
Submitter Sample ID	Sample Description	SLPH Lab Sample ID

CHAIN OF CUSTODY		
Relinquished by:	Organization:	Date/Time:
Received by:	Organization:	Date/Time:

Action	Date	Time	Signature
Sample Disposition:	Date:	Time:	Signature: