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**CLIA#:** 09D0968273



## DC Public Health Laboratory COVID-19 Chain of Custody

<b>Specimens Submitted by:</b>				<b>Specimens Received by:</b>				
<b>Hospital/Clinic</b>				<b>Courier Signature:</b>				
<b>Submitter Name:</b>								
<b>Phone:</b>		<b>Fax:</b>		<b>Date :</b>			<b>Time:</b>	
<b>Date:</b>		<b>Time:</b>						
#	Unique Specimen Identifier (e.g., MRN, sample ID)	Patient Name (Last, First)	Race/ethnicity	Date of Birth	Date of Death	Sex	Collection Date	Sample Ct Value
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								