



**District of Columbia • Department of Forensic Sciences • Public Health Laboratory**  
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## 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	Sex	Collection Date	Sample Ct Value
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							