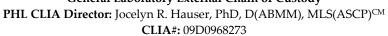


## District of Columbia • Department of Forensic Sciences • Public Health Laboratory

401 E Street SW • 4th Floor • Washington, DC 20024 • Phone (202) 727-8956 • Fax (202) 481-3464

## General Laboratory External Chain of Custody





## Specimen Submitted by: Specimen Received By:

Hospital	I/Clinic			• B.T			
Point-of	-Contact Name		Courier Name				
PhoneFax			Date 11me Initials				
Signatu	re	_					
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#	Unique Specimen Identifier (e.g., MRN, sample ID)	Sample type (e.g. serum, tissue, isolate)	Date of Birth	Collection Date	Comments		
1							

#	Unique Specimen Identifier (e.g., MRN, sample ID)	Sample type (e.g. serum, tissue, isolate)	Date of Birth	Collection Date	Comments
1					
2					
3					
4					
5					
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7					
8					
9					
10					

This section is for DC PHL use only

Specimens received by	Date/Time	Storage Temp