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General Laboratory External Chain of Custody PHL
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CLIA#: 09D0968273



Specimen Submitted by:

Hospital/Clinic _____
Point-of-Contact Name _____
Phone _____
Fax _____
E-mail _____
Signature _____
Date _____ Time _____

Specimen Received By:

Courier Name _____
Date _____ Time _____
Initials _____

#	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					
6					
7					
8					
9					
10					

This section is for DC PHL use only

Specimens received by _____ Date/Time _____ Storage Temp _____