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

Influenza Surveillance Chain of Custody

PHL Director: Anthony Tran, DrPH, MPH, D(ABMM)
CLIA#: 09D0968273

Specimen Submitted by:

Hospital/Clinic_____
Point-of-Contact Name_____
Phone_____
Fax_____
E-mail _____
Date _____ **Time**_____

Specimen Received By:

Courier Name_____
Date_____ **Time**_____
Initials_____

#	Unique Specimen Identifier (e.g., MRN, sample ID)	Sample type (e.g. Nasal swab, throat swab, nasal wash)	Date of Birth	Collection Date	Specimen Result (Positive or Negative)
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_____