



District of Columbia • Department of Forensic Sciences • Public Health Laboratory
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Influenza Surveillance Chain of Custody

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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 _____