



DC Public Health Laboratory Influenza Chain of Custody

Specimens Submitted by:

Hospital/Clinic: _____

Provider/Submitter Name: _____

Phone: _____

Fax: _____

Signature: _____

Date & Time: _____

Specimens Received by:

Courier Service: _____

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					

The Section Below is for DCPHL only

Specimens Received by:

DFS Employee: _____

Date & Time: _____

Signature: _____

Specimens Transferred to:

PHL Employee: _____

Date & Time: _____

Signature: _____