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| --- |
| **Submitter Information** |
| Institution Name: |
| Address: |
| Submitter (name): |
| E-mail address: |
| Phone number: |

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| **Recipient Information** |
| Institution Name: |
| Address: |
| Recipient (name): |
| E-mail address: |
| Phone number: |

**Biological Specimen Chain-of-Custody Form**

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| --- | --- | --- |
| **Routing Information** | | |
| Courier/Transporter: | Tracking Number: | |
| Number of Packages included: | Date: | |
| Package description: (size, shape, description of inner and outer packaging) | | |
| (If hand-delivered, provide name of individual): | | Phone number: |
| Attachments, as needed: □ Shipper’s declaration □ Itemized inventory □ Other (explain): | | |

|  |  |  |
| --- | --- | --- |
| **To Be Completed by Submitter** | | |
| Authorizing manager (Laboratory manager or delegate):  (Print Name) | Signature\*: | Date/Time: |
| Name of individual who prepared shipment:  (Print Name) | Signature\*: | Date/Time: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Biological Specimen Information** (attach additional sheets if necessary) | | | | |  |
|  | Specimen Description (identifier and/or patient name, DOB, etc): | | Number of  Containers | Container Type  (vial, tube, plate, etc.) | Box/package number |
| A |  | |  |  |  |
| B |  | |  |  |  |
| C |  | |  |  |  |
| D |  | |  |  |  |
| E |  | |  |  |  |
| Shipping Conditions: | | □ Ambient Temp □ Cold (gel/ice packs) □ Frozen □ Dry Ice \_\_\_\_\_\_\_\_\_(kg) | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Transfer of Shipment Between Couriers or Facilities (if applicable):** | | | | | | |
| Relinquished by: | Organization | Date/Time | Place/Location: | Received by: | Organization | Date/Time |
| Signature\*:  Print Name: |  |  |  | Signature\*:  Print Name: |  |  |

**Biological Specimen Chain-of-Custody Form**

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| --- | --- | --- | --- |
| **To Be Completed by Recipient** | | | |
| Name of individual who received shipment: | Signature\*: | | Date/Time: |
| The samples listed above were received:  □ Yes □ No □ Other (explain): | | The package(s) were received in the following condition:  □ Undamaged  □ Damaged/Leaking/Outside Acceptable Temperature Range (explain): | |

\*By signing this form, you are confirming/verifying the contents of consignment are correctly and accurately described above and that if tamper evident seals were used, they are in place and intact.