

Chain of Custody Form

NDSU Case #:	Date Case Received (mo/day/yr):
Sample ID:	
Sample description:	
Date sample transferred to storage:	
Storage requirements (temp) and location:	

Relinquished by Submitter: Signature: _____ Print name: _____ Date/time: _____ <small>(Refer to submission information when signature not available)</small>	Received by NDSU-VDL: Signature: _____ Print name: _____ Date/time: _____
Relinquished by Receiving: Signature: _____ Print name: _____ Date/time: _____	Received by Laboratory: Signature: _____ Print name: _____ Date/time: _____
Relinquished by: Signature: _____ Print name: _____ Date/time: _____	Received by: Signature: _____ Print name: _____ Date/time: _____

Check if multiple forms are needed.

Sample removal from litigation storage

Date (mo/day/yr)	initials	Amount & Purpose for removal/ test performed	Remaining returned: initials and date

Sample sent to Referral Lab? No Yes – attach copy of *Referral Lab Chain of Custody Form*.

Final disposal of sample: