

# ALABAMA DEPARTMENT OF PUBLIC HEALTH

## Bureau of Clinical Laboratories

8140 AUM Drive, PO Box 244018  
Montgomery, Alabama 36124-4018 · (334) 260-3400

### CHAIN - OF - CUSTODY

#### Collector's Information (Please Print Clearly)

Collector's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Collector's Organization \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Sample/Specimen Description (e.g. identifier, number, quantity, and type/description): \_\_\_\_\_

Mandatory screening proved negative for:  Explosive devices  ChemT agents  Radioactivity  \*Screened positive for: \_\_\_\_\_

Screened By (Print): \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

\* Please contact the laboratory before submitting any sample that screened positive.

#### FBI Information Only

FBI Approval (agent's name) \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Agent's Duty Station (City) \_\_\_\_\_ Case ID # \_\_\_\_\_

Please call:  Results  For Sample Disposition To Agent \_\_\_\_\_ at ( ) \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

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Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Reason: \_\_\_\_\_

#### Laboratory Use Only

Lab # \_\_\_\_\_

Sample/Specimen received by lab: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Sample/Specimen received by lab: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

#### SAMPLE DISPOSITION CHECKLIST

Analyst who called Agent: \_\_\_\_\_

Date & Time Analyst Called: \_\_\_\_\_

Sample Discarded (Date & Time): \_\_\_\_\_

Sample returned/forwarded to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date & Time \_\_\_\_\_