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: _____________________________________________

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Reason: _____________________________________________

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Reason: _____________________________________________

Received by: __________________ Date: _______________ Time: _______________
Reason: _____________________________________________

Received by: __________________ Date: _______________ Time: _______________
Reason: _____________________________________________

Received by: __________________ Date: _______________ Time: _______________
Reason: _____________________________________________

Laboratory Use Only

Sample/Specimen received by lab: ______________________ Date: _______________ Time: _______________

Sample/Specimen received by lab: ______________________ Date: _______________ Time: _______________

Sample DISPOSITION CHECKLIST

☐ Analyst who called Agent: ___________________________ Name: ___________________________
☐ Date & Time Analyst Called: ___________________________ Address: ___________________________
☐ Sample Discarded (Date & Time): ______________________ Date & Time ___________________________