Facility Logo
Facility Address
Facility Telephone
Facility Fax
Facility Tax ID

Chain of Custody for Medical Laboratory

Child's Name:		Sex	☐ M ☐ F	DOB:	
Date of Evaluation:		Healthcare Provider:			
Facility:					

Laboratory Specimens

☐ N. Gonorrhea (GC)
☐ Culture – Oral ☐ Culture – Vaginal ☐ Culture – Rectal ☐ PCR – Vaginal ☐ PCR - Urine
☐ C. Trachomatis (Chlamydia)
☐ Culture – Vaginal ☐ Culture – Rectal ☐ PCR – Vaginal ☐ PCR – Urine
☐ Herpes Simplex Virus
☐ PCR ☐ Culture w/ Typing
☐ Trichomonas Vaginalis
☐ Culture – Vaginal ☐ Culture – Urine (Male Only) ☐ PCR – Vaginal ☐ PCR – Urine
☐ Wet Prep
☐ RPR
☐ Hepatitis B Surface
☐ Antigen ☐ Antibody
☐ HIV
☐ Drug Toxicology Screen – Methamphetamine - Urine
☐ β-HCG – Urine
☐ Urinalysis, Microscopic
☐ Other, *Specify:*

Chain of Custody

From: _____ _____ Time: _____ Date: _____
Print Name Signature

To: _____ _____ Time: _____ Date: _____
Print Name Signature

From: _____ _____ Time: _____ Date: _____
Print Name Signature

To: _____ _____ Time: _____ Date: _____
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Print Name Signature

June 2006
Rev. Feb. 2008, July 2008