



WVDHHR/BPH
Office of Laboratory Services
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CHAIN OF CUSTODY RECORD

Type of Specimen _____

Test(s) Requested _____

Patient Name _____

Site Location _____

Date and Time (if available) of Collection _____

Person Collecting Specimen _____

Person Transporting Specimen _____

Person Receiving Specimen _____

Method of transport (if other than hand-carried) _____

Date and Time of Arrival at OLS _____

Other Information/Comments _____

OLS Lab/Accession No.

Specimen Relinquished By:	Specimen Received By:	Date/Time:

Specimen delivered with all seals intact?

Specimen seals not acceptable?

Station Location	Date	Time	Name of Technician	Analysis Performed

Report Relinquished By:	Specimen Received for Evidence By:	Date/Time:

Specimen Discarded By:	Date/Time: