

Appendix A– Tab 9

State

Public Health Laboratory

Information

Laboratory Chain of Custody Form

LAB USE ONLY

**DIVISION OF LABORATORY SERVICES
CHAIN OF CUSTODY / PROPERTY FORM**

LAB NUMBER: _____
EOC NUMBER: _____

NAME OF PERSON FROM WHOM RECEIVED:	
LOCATION WHERE SAMPLE WAS OBTAINED:	ADDRESS:
TIME OBTAINED:	REASON OBTAINED:
DATE OBTAINED:	
SAMPLE SCREENED FOR: RADIOLOGICAL () CHEMICAL () EXPLOSIVE () BIOLOGICAL ()	
RESULTS: (attach a copy of results)	

ITEM NUMBER	QUANTITY	DESCRIPTION OF ARTICLES

CHAIN OF CUSTODY

ITEM NO.	DATE/ TIME	RELEASED BY		RECEIVED BY		PURPOSE OF CHANGE
		Signature	Print Name	Signature	Print Name	
		Signature	Print Name	Signature	Print Name	
		Signature	Print Name	Signature	Print Name	
		Signature	Print Name	Signature	Print Name	
		Signature	Print Name	Signature	Print Name	

Directions to KY Public Health Laboratory

