Blood Tube Chain of Custody Form

INSERT PATIENT INFORMATION HERE

Centers for Disease Control and Prevention
CDC Warehouse
3719 N Peachtree Rd
Chamblee, GA 30341 USA
(770) 488-0343

Number of tubes collected: Purple______, Green/Gray______

Collected By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

Received By:  
(Printed Name)  (Signature)
Reason:  

NPHL 1-21-15