



SAMPLE SUBMISSION CHAIN-OF-CUSTODY FORM

1. NPHL CASE #: <small>(year month day-case# Ex: 100930-1) <i>Internal use only</i></small>	2. DATE COLLECTED:	NPHL use only:
3. COLLECTED BY: <i>Name of originator (person or group)</i>	4. COUNTY:	

5. ENVIRONMENTAL SAMPLE CLINICAL SPECIMEN

6. **INCIDENT DESCRIPTION:** *Describe what happened, number of people exposed and why sample was submitted.*

7. **INCIDENT LOCATION:**

8. **SAMPLE DESCRIPTION:**

Powder Liquid Paste Solid Blood Urine Other: _____

Sample Container Type: _____ Number of Containers: _____
(ie. tube, culture plate, bag, etc.)

Quantity of Sample: _____ Other Info: _____

9. FIELD SCREENING OF SPECIMEN:	<i>Positive</i>	<i>Negative</i>	<i>Unknown/ Not Tested</i>	<i>Method</i>	<i>Tested By/Agency</i>
Explosive / Incendiary Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Radioactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Volatile Organic Compounds (VOC's)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (pH paper, protein, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<i>Infra-Red Spectrophometric (Hazmat/R, Travel/R) Evaluation Results:</i> _____					

11. **SAMPLE RELINQUISHED FROM:** Detailed information about the originator (individual or organization).

Organization: _____ Date: _____ Time: _____
 Address: _____ Phone: _____
 Relinquished from: _____ [Sign in Section 12]
 Received via: US Mail Hand Delivered Shipped via _____

12. **SAMPLE TRANSFER:** Each person relinquishing or receiving the sample must sign below.

Relinquished from	Organization	Date/Time	Received by	Organization	Date/Time
Signature:		_/_/___	Signature:		_/_/___
Print Name:			Print Name:		<i>Condition of Package:</i>
Signature:		_/_/___	Signature:		_/_/___
Print Name:			Print Name:		<i>Condition of Package:</i>



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NPHL CASE #: (year month day-case#): _____

(Continued) SAMPLE TRANSFER: Each person relinquishing or receiving the sample must sign below.

Relinquished from	Organization	Date/Time	Received by	Organization	Date/Time
Signature: Print Name:		__/__/__	Signature: Print Name:		__/__/__ Condition of Package:
Signature: Print Name:		__/__/__	Signature: Print Name:		__/__/__ Condition of Package:
Signature: Print Name:		__/__/__	Signature: Print Name:		__/__/__ Condition of Package:
Signature: Print Name:		__/__/__	Signature: Print Name:		__/__/__ Condition of Package:

13. NPHL SAMPLE STORAGE CONDITIONS: Describe how sample is stored and secured until it is transferred or destroyed.

14. NPHL SAMPLE TRANSFER OR DISPOSAL:

Transferred to (Organization): _____ Date: _____ Time: _____
 Address: _____ Phone: _____
 Received by: _____ [Sign in Section 12]
 Witnessed by: _____ Date: _____
 Transferred via: US Mail Hand Delivered Shipped via _____
 Sample Destroyed, Date: _____ Time: _____ Destroyed by: _____ Verified by: _____