



## Medicolegal Specimen Transmission Record

**INSTRUCTION:**

This record is to accompany all specimens and material collected for evidentiary purposes.

**Decedent Name:**

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Initial)

**Date of Birth:**

\_\_\_\_\_ **ForensicDx Case #** \_\_\_\_\_

**Collected Specimen :**

Blood \_\_\_\_\_ Collection Site  
 Urine \_\_\_\_\_  
 Vitreous \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_  
 Other \_\_\_\_\_

**Collected By:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_

**Received By:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_ **Specimen:** \_\_\_\_\_

**Received By:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_ **Specimen:** \_\_\_\_\_

**Received By:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_ **Specimen:** \_\_\_\_\_

**Received By:**

\_\_\_\_\_ Date/Time: \_\_\_\_\_ **Specimen:** \_\_\_\_\_

Test Ordered	Testing Personnel
_____ Urine Drug Screen	Signature: _____ Date/Time: _____
_____ BAC	Signature: _____ Date/Time: _____
_____ CO	Signature: _____ Date/Time: _____
_____ MDX/NMS (Circle One)	Signature: _____ Date/Time: _____

Put/ Removed into Storage: Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Put/Removed From Storage Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Put/Removed From Storage Signature: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Revised 11/22/2017