Chain of Custody

Attach Label

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 :		**Hold/ Storage**	**Released as Evidence**	**Funeral Home**	**Outside Testing**
_____ Blood	_____ (Collection Site)	_____	_____	_____	_____
_____ Urine		_____	_____	_____	_____
_____ Vitreous		_____	_____	_____	_____
_____ Bile		_____	_____	_____	_____
_____ Liver		_____	_____	_____	_____
_____ Other		_____	_____	_____	_____
_____ Other		_____	_____	_____	_____
_____ Other		_____	_____	_____	_____
_____ Other		_____	_____	_____	_____
_____ Other		_____	_____	_____	_____
_____ Other		_____	_____	_____	_____
VPN Access: YES / NO					

Collected By: _____ Date/Time: _____

Received By: _____ Date/Time: _____ **Specimen:** _____

Received By: _____ Date/Time: _____ **Specimen:** _____

Received By: _____ Date/Time: _____ **Specimen:** _____

Received By: _____ Date/Time: _____ **Specimen:** _____

Received By: _____ Date/Time: _____ **Specimen:** _____

Received By: _____ Date/Time: _____ **Specimen:** _____