



Facility/Hospital Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Ship Date: \_\_\_\_\_

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### Chemical and Radiological Exposure Specimen Chain-of-Custody for Urine

**Instructions:** Complete each section of this form with the required information. Ensure that the specimen collector signs the first box at the bottom of this page. Each individual taking possession of the specimens must sign in the "Accepted by:" column. If that individual transfers possession of the samples they must also sign in the "Relinquished by:" column. Please keep this original copy for your records. A *copy* of this form shall accompany the samples when delivered to the MDH..

MDH Number (MDH use only)	Item #	Patient name and ID # (i.e. accession #) <i>*Patient labels are encouraged</i>	Estimated time of exposure	Date of exposure	Urine (~mL)	Time of collection	Date of collection	Comments (i.e. Suprapubic tap, catheter)	Collector's Initials or Code
	1								
	2								
	3								
	4								
	5								

Specimen collector / Affiliation	Date	Time	Accepted by / Affiliation	Date	Time
Relinquished by / Affiliation	Date	Time			
(Specimen collector)					