

Utah Public Health laboratory
Chemical and Environmental Services

CHAIN OF CUSTODY

46 North Medical Drive, Salt Lake City, UT 84113-1105

Phone 801-883-4655 Fax 801-584-8251

URL <http://health.utah.gov/lab/chemistry>

- ☐ Hand delivered
☐ Shipped samples
☐ Cooler returned

System/Agency Name:		System/Agency Number:		Cost/Project Code:	REQUESTED TESTS					Received Date and Time:																																																													
<table border="0"> <tr> <td colspan="4">REPORTING/CONTACT</td> <td colspan="4">BILLING (list if different)</td> </tr> <tr> <td colspan="4">Attn: _____</td> <td colspan="4">Special code: _____</td> </tr> <tr> <td colspan="4">Address: _____</td> <td colspan="4">Attn: _____</td> </tr> <tr> <td colspan="4">City, State, ZIP: _____</td> <td colspan="4">Address: _____</td> </tr> <tr> <td colspan="4">Phone: _____</td> <td colspan="4">City, State, ZIP: _____</td> </tr> <tr> <td colspan="4">Fax: _____</td> <td colspan="4">Phone: _____</td> </tr> <tr> <td colspan="4">Email: _____</td> <td colspan="4">Fax: _____</td> </tr> <tr> <td colspan="4">Submitted by: _____</td> <td colspan="4"></td> </tr> </table>										REPORTING/CONTACT				BILLING (list if different)				Attn: _____				Special code: _____				Address: _____				Attn: _____				City, State, ZIP: _____				Address: _____				Phone: _____				City, State, ZIP: _____				Fax: _____				Phone: _____				Email: _____				Fax: _____				Submitted by: _____					
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Submitted by: _____																																																																							
COLLECTION POINT DESCRIPTION		COLLECTED BY (initials)	COLLECTED DATE (mm/dd/yy)	COLLECTED TIME (24 hour)						Receipt temperature	Receipt pH	Sample Receipt Conditions COOLANT / NO COOLANT Yes No <input type="checkbox"/> <input type="checkbox"/> Documentation complete <input type="checkbox"/> <input type="checkbox"/> Temperature within-range <input type="checkbox"/> <input type="checkbox"/> Within holding time <input type="checkbox"/> <input type="checkbox"/> Proper containers and in-date <input type="checkbox"/> <input type="checkbox"/> Containers intact <input type="checkbox"/> <input type="checkbox"/> Acceptable pH N/A <input type="checkbox"/> <input type="checkbox"/> Custody seals intact																																																											
												LAB NUMBER																																																											

Dispatched by:	Date and Time:	Courier Company Name:	Invoice/Airbill #:
Relinquished by:	Date and Time:	Received by:	Date and Time:
Relinquished to DLS by:	Date and Time:	Received to UPHL by:	Date and Time: