



UTAH DEPARTMENT OF
HEALTH

CHAIN OF CUSTODY

Utah Public Health Laboratory
Chemical and Environmental Services

4431 S 2700 W Taylorsville, UT 84129-8600

801 965 2400 Fax 801 536 0154

- Hand Delivered
- Shipped Samples
- Cooler Returned

System/Agency Name:		System/Agency Number:		Cost/Project Code:		REQUESTED TESTS					Received Date and Time:			
REPORTING/CONTACT					BILLING (list if different)					Receipt temperature	Receipt pH	Sample Receipt Conditions		
Attn: _____ Special Code: _____					Attn: _____							Yes	No	
Address: _____					Address: _____					<input type="checkbox"/>	<input type="checkbox"/>	Documentation complete		
City, State, Zip: _____					City, State, Zip: _____					<input type="checkbox"/>	<input type="checkbox"/>	Proper containers and in-date		
Phone: _____					Phone: _____					<input type="checkbox"/>	<input type="checkbox"/>	Containers intact		
Fax: _____					Fax: _____					<input type="checkbox"/>	<input type="checkbox"/>	Within holding time		
Email: _____					Email: _____					<input type="checkbox"/>	<input type="checkbox"/>	Coolant		
Submitted By: _____					Submitted By: _____					<input type="checkbox"/>	<input type="checkbox"/>	Temperature within-range		
										<input type="checkbox"/>	<input type="checkbox"/>	Acceptable pH <input type="checkbox"/> N/A		
										<input type="checkbox"/>	<input type="checkbox"/>	Custody Seals Intact		
										LAB NUMBER				
COLLECTION POINT DESCRIPTION		Collectors Initials	Collection Date (mm/dd/yy)	Collection Time (24 hr)	COMMENTS									

Dispatched By:		Date and Time:		Courier Company Name:		Invoice/Airbill #:	
Relinquished By:		Date and Time:		Received by:		Date and Time:	
Relinquished to USL:PH by:		Date and Time:		Received at USL:PH by:		Date and Time:	