FM377

CBR Chain of Custody Form

Microbiological Diagnostic Unit Public Health Laboratory

Department of Microbiology & Immunology, The University of Melbourne (APA)
Level 1, The Peter Doherty Institute for Infection and Immunity, 792 Elizabeth Street, Melbourne, VIC 3000
Ph (03) 8344 5713 Fax (03) 8344 7833 Email mdu-general@unimelb.edu.au
Director: Prof. Benjamin Howden, MBBS, FRACP, FRCPA, PhD, 206527 QB

Submitting Reference Numbers

ISN	MFB	SES	CFA	Integraph/VicPol	AFP	VFSC	Request Form ID(s)

MDU Laboratory Use Only

MDU Lab Numbers:	MDU Delivery No.	MDU COC No.	MDU Case No:

ITEM *[to be completed by person collecting the item or specifying what is to be tested]*

What is the **KEY** item for testing *(If more than one item specify each. All items will be discarded unless otherwise requested)*

Incident details

Specimen Safety Checks		Date	Time	Name of competent person (printed)**	Signed
Explosive Check completed:	Y / N				
Radiation Check completed:	Y / N				
Chemical Check completed:	Y / N				
Safely Packaged*:	Y / N				

** Safely packaged means outer bag inside transport container is leakproof, clean and can be handled without protective gear.*
*** The person signing here is taking responsibility for the relevant aspect of safety*

Details of how item sealed and by whom ie after collecting. *[For multiple seals, enclose FM1718]* FM1718 Y/N Date:

Sealed Y/N	What sealed?	Nature of Seal	Initialled Y/N	Seal identifiers	Name & Signature of person who sealed	Date & Time Sealed

Details of Person first collecting the Specimen/Sample and starting the Chain of Custody#

Organisation	Phone	Fax	Name (printed)	Number	Signature	Date & Time

Unless sample always remains in the collecting individual's physical possession or sight from initial collection to laboratory delivery the outer container must be sealed, and, the seal must be tamper proof or tamper evident and bear initials or other mark of the person sealing it or be otherwise identified.

Where Chain of Custody started

Place where item originally collected *[Details here reflect beginning of chain of custody location]*	Nature of Premises *[Home, Business-provide name, public place-name, etc]*

Subsequent Chain of Custody *[to be completed by each person taking or relinquishing custody, including to and from storage]*

Organisation	Phone	Collection/Delivery/ Storage (C/D/S) Events			Collection / Delivery / Storage Address	Name (printed)	Relinquishing/ Accepting Signature
		C/D/S	Date	Time			
		Delivered					
		C/D/S					
		C/D/S					
		C/D/S					
		C/D/S					
		Delivered			MDU PHL		

Submitting Authority *[always DHHS unless by prior agreement]*

Assistant Director, Communicable Diseases Control Unit, Department of Health and Human Services Submitted under Health Act (1958)	DHHS Authoriser *(state who)*:

Delivery Description *[by MDU. If insufficient space use FM 1718.Also check if any details listed on back of form]* FM1718 Y/N

No. of Containers	Sealed Y/N	Seal Tamper Y/N	Seal initialled Y/N	Seal ID	Photo Y/N	Photo Ref	Photographer

Description

Accepted by *[MDU PHL Staff Member]*

Name	Signature	Date	Time