**FM935 Internal Chain of Custody**

Microbiological Diagnostic Unit Public Health Laboratory

---

**Record No.** | **Date:** | **Page of**
--- | --- | ---

---

**Identifiers/Numbers:** (Usually completed by SR) | **Identifiers/Numbers:** (Usually completed by Lab)
--- | ---
MDU | Delivery | COC | Case | Sender’s | CS | CSRF | CSI | SSBA | CC

**Associated External Chain of Custody Form (Usually completed by SR)**

Exist? (Circle) Y / N If N, Is Container sealed? Y / N If Y complete details over page

**Storage and Disposal Governed by:** (Completed by Lab)

<table>
<thead>
<tr>
<th>Batch</th>
<th>Existing FM935</th>
</tr>
</thead>
<tbody>
<tr>
<td>External</td>
<td>MDU SOP/FM (No.)</td>
</tr>
</tbody>
</table>
| Police | Other | COC | FM378 | Other | Sample | Container | FM attached | FM attached

**Transaction Record (one form per specimen/sample unless treated as a batch as per relevant SOP)**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Intact Container Transfer</th>
<th>Seal Details</th>
<th>Sample access ie container open</th>
</tr>
</thead>
<tbody>
<tr>
<td>Place</td>
<td>Person</td>
<td>Made by</td>
<td>Seal ID</td>
<td>Broken by</td>
</tr>
</tbody>
</table>
To | By | To | By |

**Split of individual Sample or Separation of a Container from a Batch with creation of new FM935**

Dates and new FM935 Record numbers

**Decision to destroy Ratified by Director, MDU PHL**

Signature of Director: | Date:
--- | ---

**Permission to Destroy or Transfer Sample by Submitting Authority or that Requiring Storage, incl Police**

Why OK to destroy now? | MDU Staff Signature: | Date and time:
--- | --- | ---

**Destruction, Discard, Transfer or Storage Details**

Original identification removed | Y/N
--- | ---

Destroyed | by | Supervised Autoclave | Supervised Burial | Other (How)
--- | --- | --- | --- | ---

Discarded | by | Biological Waste | Domestic Waste | Other (How)
--- | --- | --- | --- | ---

Transferred | to Name | from Organisation | at Address |
--- | --- | --- | ---

Stored | by Name | MDU No(s) | FM378 Y/N | FM378 Index No.
--- | --- | --- | --- | ---

**Confirmation of Discard, Destruction, Transfer, Consumption, Storage & of FM 935 Completion & return to SR**

MDU Staff Member Signature: | Recipient Signature (if transfer): | Date and Time of Discard/Destruction/Transfer/Consumption/Storage
--- | --- | ---
### Delivery Description

[If insufficient space use FM1718, tick if used □]

<table>
<thead>
<tr>
<th>Seal Type</th>
<th>Seal ID</th>
<th>Seal Initialled Y/N</th>
<th>Seal Intact Y/N</th>
<th>Photo Y/N</th>
<th>Photo Reference</th>
</tr>
</thead>
</table>

### Completed by

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
</table>