

## General Chain of Custody Form

Request Form(s) must accompany this Chain of Custody Form. Write unique ID(s) of request form(s) below.

Submitting Reference Numbers [to be completed by person securing the item or submitter]								
DHHS NIDS No.	Outbreak Name:	DHHS Outbreak No.	Submitter's Ref	Other Reference:	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 <b>KEY</b> item for testing as described fully (If more than one item specify each. All items will be discarded unless otherwise requested) in accompanying request form								
Incident details				Test Requested				
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						
		C/D/S						
		C/D/S						
		Delivered			MDU PHL			
Submitting Authority [organization/authority authorising submission of test]								
Public Health & Wellbeing Act 2008 <input type="checkbox"/>			Other <input type="checkbox"/> (details)			Who from which submitting authority authorised this test?		
Public Health & Wellbeing Regulations 2009[r75]								
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		