



PUBLIC HEALTH LABORATORY
CHAIN OF CUSTODY FORM



12750 Erickson Avenue, Downey, CA 90242
Tel: 562-658-1300 Fax: 562-401-5999

Originator Name and Title: _____

Contact Telephone: _____ Fax Number: _____

Contents: (example; "1 box containing 6 urine cups")

1	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received By: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
2	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
3	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
4	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
5	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			

LA Co Public Health Laboratory - Chain of Custody (cont.)

6	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received By: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
7	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
8	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
9	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
10	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
11	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			
12	Released by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Received by Print Name/Title: _____	Signature: _____	Date: _____	Time: _____
	Reason: _____			