

Urine Sample Chain of Custody

Donor Name

Date of Collection

Time of Collection

Donor ID/Number

Collector Name

Collector Signature

Specimen ID/Barcode

Test Type

Remarks

Chain of Custody Transfers

#	Date	Time	Released By (Name & Signature)	Received By (Name & Signature)	Purpose/Location/Remarks
1					
2					
3					
4					

Final Disposition:

Date:

Signature:

