

CHAIN OF CUSTODY
Houston Health Department Laboratory
2250 Holcombe Blvd.
Houston, TX 77030

SECTION 1 (Section 1 should be completed by initial specimen handler)

Agency Case ID/Patient MR Number: _____

Date: _____ Time: _____ Phone: (_____) _____

Received By: _____

(Signature) (Print Name)

Organization: _____

(Print FULL Name – No Acronyms, Please)

Complete Address: _____

(Number and Street) (City) (Zip Code)

SECTION 2 (Section 2 should be completed by specimen transporter/courier followed by intended specimen recipient(s))

Check box if specimen transporter/courier same as initial specimen handler

Date: _____ Time: _____ Phone: (_____) _____

Received By: _____

(Print Name) (Signature)

Organization: _____

(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (_____) _____

Received By: _____

(Signature) (Print Name)

Organization: _____

(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (_____) _____

Received By: _____

(Print Name) (Signature)

Organization: _____

(Print FULL Name – No Acronyms, Please)

Date: _____ Time: _____ Phone: (_____) _____

Received By: _____

(Print Name) (Signature)

Organization: _____

(Print FULL Name – No Acronyms, Please)