

Chain of Evidence

Please complete a separate chain of evidence form for each sample received.

This form MUST be completed for ALL Paediatric drugs of abuse/toxicology requests and any requests with medico-legal implications

Please ensure this form is handwritten.

ALL sections of this form must be completed to provide a full chain of evidence

Patient details – To be completed by requestor					
Patients name or unique identifier					
Date of birth		Sex (given at birth)		Gender	
Hospital number		NHS number			
Clinician responsible for overall care of this patient (name and designation)					
Requesting clinician (name and designation)					
Tests requested					
Relevant Clinical Details					

Specimen details – To be completed by person taking sample			
Specimen type (e.g. blood/urine)			
Specimen collected by (state name and designation)		Signature	
Date of collection (dd/mm/yyyy)		Time of collection (24-hour clock)	
Affix Patient sticker (if available)			

Receipt of sample – to be completed by laboratory					
Date sample received in local laboratory (dd/mm/yyyy)		Time (24-hour clock)			
Laboratory Site		Laboratory Sample Number			
Person completing the form and taking receipt of specimen (state name and position)		Signature			
Specimen delivered to laboratory by (state name and position)		Signature			
Please check the following and tick where appropriate:					
Request forms and specimen correctly labelled		No Leakage visible (mark as N/A if not appropriate)		Specimen requirements acceptable	

Transfer 1			
Date & Time	Procedure/Reason for transfer	Received from:	Received by:
		Name:	Name:
		Role:	Role:
		Signature:	Signature:
Transfer 2			
Date & Time	Procedure/Reason for transfer	Received from:	Received by:
		Name:	Name:
		Role:	Role:
		Signature:	Signature:
Transfer 3			
Date & Time	Procedure/Reason for transfer	Received from:	Received by:
		Name:	Name:
		Role:	Role:
		Signature:	Signature:
Transfer 4			
Date & Time	Procedure/Reason for transfer	Received from:	Received by:
		Name:	Name:
		Role:	Role:
		Signature:	Signature:
Transfer 5			
Date & Time	Procedure/Reason for transfer	Received from:	Received by:
		Name:	Name:
		Role:	Role:
		Signature:	Signature:

Comments