

SRI's Clinical Analysis Laboratory
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CHAIN OF CUSTODY SAMPLE SUBMISSION FORM

		SRI USE ONLY	CLIENT #:
		TIME:	DATE:

1. STUDY ID:				
CONTACT INFO	(PLEASE PRINT LEGIBLY OR TYPE)			
2. Name (print)				
	Title	First	Middle	Last
3. Organization				
Street Address				
	City		State	Zip
4. Phone Number	()	ALTERNATE PHONE ()		
Provide an e-mail address for results. We will send results only to this address.				
5. E-Mail address				
6. Description of Property (please be as descriptive as possible and include an identifier, the number/quantity, and the type or description of the items being submitted.)				
# VIALS				
TYPE		SERUM	PLASMA	
WHOLE BLOOD				
DATE OF COLLECTION				
7. Submitted by:			Date/ Time:	
COURIER INFORMATION				
8. Received by:			Date/ Time:	

Instructions: *SEAL BOX with tamper evidence tape and Attach Chain of Custody form ON TOP OF THE BOX inside the plastic envelope; refer to Guidance for Proper Use of Chain of Custody Form *

SRI USE ONLY:	CLIENT ID: _____	STUDY ID: _____	GLP: Yes No
# SAMPLES: _____	TAMPER TAPE: ACCEPTABLE NONACCEPTABLE		
RECEIVED BY: _____	DATE/ TIME: _____		