

CHEMICAL AGENT TESTING – CHAIN OF CUSTODY

Michigan Department of Health and Human Services

Bureau of Laboratories

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517-335-9490 (Technical information & forms questions)

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Submitter Information		Phone	
		Fax:	
Contact Person		Telephone Number	
Collection Location		Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	
Specimen Information (Include a unique Identifying Number – must match label)	Lab #(MDHHS Use Only)	Collection Date & Time	Collectors Initials

Date & Time	Transferred (Released) By	Transferred (Released) To	Reason for Transfer
	Signature	Signature	
	Name (Printed)	Name (Printed)	
	Signature	Signature	
	Name (Printed)	Name (Printed)	
	Signature	Signature	
	Name (Printed)	Name (Printed)	

(Enclose top white copy in plastic bag and send with specimens to MDHHS Laboratory. Use remaining copies for submitter, courier, etc., as needed)

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