


UHSussex Chain of Evidence Form - This form must accompany each sample associated with possible medico-legal investigations. - A routine request form must also be completed. - If collecting a sample for toxicology analysis please follow Toxicology Collection Instructions (form LIA-BTX-CHAININH)	
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Patient Sticker	Consultant name		
	Department		
	Requested by and designation		
	Signature		
	Clinician has consent? (If N, why? e.g. possible FII)	Y / N	
Relevant clinical details			
Type of specimen		Location (e.g A+E)	
TESTS REQUESTED		Sample collector	
Date and time collected		Signature	

All individuals handling, storing or transporting or storing the sample to the laboratory must complete the sections below. When transferring the sample and form to another individual, the new custodian in the presence of the previous bearer must complete the next available section (including laboratory staff).				
1. TRANSPORTATION - To be completed by all staff members/ couriers collecting/ handling/ transporting the sample. - Please indicate your involved activity under 'procedure' e.g. collected sample, transported to sample to laboratory from ward. - Please contact the toxicology laboratory prior to taking any toxicology samples to pathology reception (contact details on Collection Instruction Form). IF SAMPLE STORAGE IS REQUIRED PRIOR TO TRANSPORTATION TO THE LAB COMPLETE SECTION 2				
1	Name		Date	
	Designation		Time	
	Procedure		Signature	
2	Name		Date	
	Designation		Time	
	Procedure		Signature	

Title: Chain of Evidence Form for Hospital Patients	Revision 0
<i>Master copy of this instruction resides on Q-Pulse.</i>	

3	Name		Date	
	Designation		Time	
	Procedure		Signature	
4	Name		Date	
	Designation		Time	
	Procedure		Signature	

2. SAMPLE STORAGE - If sample storage is required prior to bringing the sample to the lab (e.g. over night outside of routine hours) complete the section below. - The sample must be stored in a secure, locked fridge.		
Name of the custodian placing sample in fridge:	Date	
	Time	
	Signature	
Fridge location:	Reason for storage:	
Name of person removing sample from storage:	Date	
	Time	
	Signature	

3. SAMPLE RECEIPT AT THE LABORATORY - Inform the laboratory that the sample is being brought to the laboratory. - The sample must be received by an appropriately trained member of staff.		
Name of lab staff receiving sample, booking in to WinPath and placing in secure Chain of Evidence fridge:	Date	
	Time	
	Signature	
Laboratory bar code sticker		
<div></div>		
Number of samples received?		
Samples sealed and signed?		