

# Chemical Terrorism Laboratory Sample Submission / Chain of Custody Form



## Glen F. Baker Public Health Laboratory Arkansas Department of Health

Submitter (Print)		Submitting Agency			City	State
Submitters Signature:		Date Submitted	Time Submitted	Reason		
Phone	Email					
Testing Requested (If any)						
Sample Type:	Solid/Liquid/etc.:	Color:	Shape:	Quantity:	Units:	
Manufacturer:			UPC:	Lot #:		
Collection Date:	Collection Time:	Sample Identifiers:				
Additional Sample Comments:						
Received By (Print)		Received Date:	Received Time:	Storage Location:		
Received By Signature:			Storage Conditions:	ADH #:		
Additional Information/Attachments						

Chemical Terrorism Laboratory  
Sample Submission / Chain of Custody Form



Glen F. Baker Public Health Laboratory  
Arkansas Department of Health

CHAIN OF CUSTODY

ID: \_\_\_\_\_

Received By (print/sign):	Date:
Organization:	Time:
Reason:	
Received By (print/sign):	Date:
Organization:	Time:
Reason:	
Received By (print/sign):	Date:
Organization:	Time:
Reason:	
Received By (print/sign):	Date:
Organization:	Time:
Reason:	

**This Chain of Custody form remains with the sample at all times. The sample is attended at all times.**