

LABORATORY RESPONSE NETWORK
CHAIN OF CUSTODY

Case ID: _____

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

Refer to Guidance for Proper Use of Chain of Custody Forms. Attach additional pages as required.

LRN Form: 0002