## NEW YORK STATE DEPARTMENT OF HEALTH Wadsworth Center Albany NY 12201-0509

## **External Chain of Custody**

**INSTRUCTIONS:** This form must be completed for any specimen that might be used in enforcement proceedings or litigation. **TRANSPORTATION:** During transportation of the specimen from collection site to the laboratory, the chain of custody must be unbroken. If the integrity of the specimen is questionable, describe the problem on the reverse side of this form.

Identifying #	Collection Date	Specimen Type	Number of Specimens	Comment
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	
		O Blood	#	
		O Urine	#	
		O Other	#	

## **CUSTODY OF SPECIMENS** AFFILIATION DATE NAME TIME 10. Specimens Shipped by \_\_\_