

CHAIN OF EVIDENCE FORM

All names must be accompanied by a signature

PLEASE complete a SEPARATE form for EACH SAMPLE. All the samples MUST be hand delivered to laboratory

To be completed by the requesting clinician/ward:

| | |
|---|--|
| <p><i>Please attach patient sticker here or record:</i></p> <p>Name:</p> <p>NHS No: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>Unit No: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>D.O.B: Male / Female</p> | <p>Hospital:</p> <hr/> <p>Ward/Dept:</p> <hr/> <p>Requesting consultant:</p> <hr/> <p>Sample type/description:</p> |
| <p>Test(s) requested (For Biochemistry and Haematology ONLY a request form can be attached):</p> | |
| <p>Relevant clinical details:</p> | |

This document may be required as evidence in a court of law and must clearly demonstrate to have followed an unbroken chain from its source to the Court. All persons handling the sample, the places and conditions of storage must be documented; with a note of the time, date, place and signature. This must include all specimen handovers and all key stages of processing.

| | Name | Signature | Grade | Dept | Date | Time |
|---|------|-----------|-------|------|------|------|
| Specimen taken by | | | | | | |
| Transported to lab by | | | | | | |
| Sample received in lab by | | | | | | |
| Checked by HCPC registered scientist | | | | | | |

To be completed by laboratory

Please complete a separate sheet for each sample or aliquot and ensure a copy of the front sheet (page 1) with patient details is attached. Please use additional sheets if required.

| | |
|--|--|
| NHS number (or unique patient identifier) | |
| Lab number | |
| Sample type/description | |

| Specify and record each step in the process - test/ storage/ disposal | Name | Signature | Grade | Dept | Date | Time |
|---|------|-----------|-------|------|------|------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
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| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| Senior biomedical scientist check on completion | | | | | | |
| Consultant check on completion | | | | | | |

Form photocopied and returned to requesting consultant