

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
 Division of Health and Environmental Laboratories
MULTI-PATIENT CLINICAL SPECIMEN EVIDENCE CHAIN-OF-CUSTODY RECEIPT

Section A: Collection and Contact Information

INCIDENT NAME – If Applicable:			
Specimen(s) Collected By: _____			
Printed Name and Title			

Facility Name and Address			

City	State	Zip Code	Phone
Person at KDHE Contacted To Receive Specimen(s):		SEND REPORTS TO:	

Section B: Type of Specimen(s) Being Submitted

FOR BIOLOGICAL EVENTS (Check the type being submitted; each specimen type must be packaged in separate packages.)

<input type="checkbox"/> Swabs <input type="checkbox"/> Scab <input type="checkbox"/> Sputum <input type="checkbox"/> Environmental - <input type="checkbox"/> Blood Specify: <input type="checkbox"/> Feces <input type="checkbox"/> Urine <input type="checkbox"/> Other	-- Typical samples for Biological Events might be swabs, sputum, & blood -- Complete the Universal Form if it is a suspected Biological Clinical Specimen -- Environmental samples will be collected and packaged by first responders. Public Health may assist with the coordination of transportation.
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FOR CHEMICAL EVENTS (To ensure that the proper specimens have been collected check all the specimens that apply. Blood specimens must be packaged with ice packs and urine specimens must be shipped frozen and on dry ice.)

Specimens to be collected: <input type="checkbox"/> EDTA Tube #1 (Purple top tube) - Metals <input type="checkbox"/> EDTA Tube #2 (Purple top tube) - Cyanide <input type="checkbox"/> EDTA Tube #3 (Purple top tube) – CDC Analytes <input type="checkbox"/> 1 Potassium Oxalate & Sodium Fluoride (Gray top tube) or 1 Sodium Heparin Tube (Green top tube) – Volatile Organic Compounds <input type="checkbox"/> **Urine Specimen –Organophosphate Nerve Agent Metabolites, Metals (Hg, As, Sb, Ba, Be, Cd, Cs, Co, Pb, Mo, Pt, Tl, W, U, Se)	Blank specimen containers: <input type="checkbox"/> EDTA Tube Blank #1 Lot # _____ <input type="checkbox"/> EDTA Tube Blank #2 Lot # _____ <input type="checkbox"/> Gray or Green Top Tube Blank #1 Lot # _____ <input type="checkbox"/> Gray or Green Top Tube Blank #2 Lot # _____ <input type="checkbox"/> Urine Cup Blank #1 Lot # _____ <input type="checkbox"/> Urine Cup Blank #2 Lot # _____ Blank specimen containers must be submitted to DHEL per lot of specimen containers used. Blanks are not required for each patient. THESE TUBES ARE TO BE SENT EMPTY! Please complete a separate specimen submission form for blank specimen containers.
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* Check expiration dates on all blood tubes before collecting specimens.

**KDHE, DHEL is a Level 2 Laboratory and qualified to analyze for cyanide in blood, metals and organophosphate nerve agents in urine.

NOTE: Urine specimens will be used by Level 1 Laboratories and CDC for the analysis of Military Nerve Agents, Incapacitating Agents, Pesticides, Drugs of Abuse, Ricin and Saxitoxin, Sulfur and nitrogen mustard, Lewisite, Creatinine correction.

Section C: Specimen(s) Identification (This section can only hold 30 patient identification numbers.)

If KDHE Specimen Submission Form is not used please identify how patient identification number was assigned:

Specimen Identification # or Information (DHEL Barcode from Specimen Submission Form)	Specimen Identification # or Information (DHEL Barcode from Specimen Submission Form)	Specimen Identification # or Information (DHEL Barcode from Specimen Submission Form)

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Section D: Receipt/Transfer (First signature in this section must be the Collector.)

Date & Time	Specimen Relinquished by	Specimen Received by	Reason for transfer
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	
	Signature/Title	Signature/Title	
	Name (printed)	Name (printed)	

Case synopsis (Attach additional log if necessary):