


<b>South Tees Hospitals</b>  NHS Foundation Trust	File name: S_DV_FORM0062	Revision: 2
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South Tees Pathology Service	Approved by:	Page 1 of 1

**Sudden Unexpected Death in Infancy (SUDI) Chain of Evidence Form**  
**Biochemistry and Haematology (Greiner vacutainer)**  
*for completion in clinical area for transit to Laboratory*

Name (ICE label / addressograph may be used on this form)	DOB	Hospital / NHS number	Date & time of samples
Name of Doctor taking samples (please print)			

**Label all samples with surname, forename & DOB and complete shaded boxes**

Specimen type	Container	Test	Please tick and initial box to indicate sample obtained
		Actual tests performed will be dependent on the presentation and wishes of investigating Pathologist and / or Coroner. All samples will be stored appropriately pending their decisions	
Blood	Purple top tube (EDTA)	FBC	
Blood	Blood spot Card	Acylcarnitines (inherited metabolic diseases)	
Blood	2 yellow top tubes (SST)	Biochemistry / metabolic disorders / tryptase	
Blood	Large green top tube (Li hep)	Chromosomes (only send sample to lab if dysmorphic)	
Blood	Grey top tube (Fluoride oxalate)	Carbohydrate metabolites and / or ketones	
Urine	White top universal	Toxicology / Inherited metabolic diseases / drugs	
Blood	Red top tube (plain serum)	Toxicology	
Skin / muscle biopsy	Sterile pot with sterile saline added	Fibroblast culture for inherited metabolic diseases <b>Note: Usually taken at post mortem</b>	
	Any other samples taken	Detail within this box	

Box sealed by			
Name (please print)	Designation	Date	Time
Pathology received by			

Once this form is completed, please place in the bag provided and fix to the sealed box, transport to Pathology and hand over to a member of staff (do NOT leave in Pathology Reception)