


South Tees Hospitals  NHS Foundation Trust	File name: S_DV_FORM0011 (Relates to S_DV_SOP0016)	Revision: 8
	Current author: Ann Wallis	Copy No.:
South Tees Pathology Service	Approved by:	Page 1 of 2

Chain of Evidence Form

Please complete a separate chain of evidence form, in duplicate, for each specimen / tube and staple to the appropriate request form for the laboratory.


<u>Date Taken</u>	<u>Time Taken</u>	<u>Name of Doctor / Nurse</u>
Patient Details (Name / Number, Date Of Birth, Sex And Address) Addressograph may be used.		<u>Signature</u>
		<u>Tamper-proof bag Number (to be completed on ward or in theatre)</u>
		<u>Laboratory Barcode Number</u>

Specimen Type (please indicate):

Blood culture(anaerobic)	EDTA blood	Urine SPA (plain)
Blood culture (aerobic)	Serum (plain) blood	Urine SPA (boric)
Lithium heparin blood	Serum (gel) blood	Urine (plain)
Fluoride oxalate blood	Blood spot card	Urine (boric)
CSF		
Swab (state source)		Gastric aspirate
Other (state)		

ALL NAMES MUST BE ACCOMPANIED BY A SIGNATURE. PLEASE WRITE IN RELEVANT PROCEDURE IF NOT INCLUDED ON FORM.

<u>Procedure</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>	<u>Time</u>
Specimen taken by:				
Witnessed by: (mandatory for sexual abuse cases)				
Specimen delivered to laboratory by:				
Specimen received in laboratory by:				

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<u>Procedure</u>	<u>Name</u>	<u>Signature</u>	<u>Date</u>	<u>Time</u>
Specimen booked into APEX by:				
Specimen stored prior to transport by:				
Specimen packaged for transport and handed to driver:				
Specimen delivered to referral lab by:				
Specimen received in referral lab by:				
Tamper proof bag opened by:				
Lead BMS /Clinical Scientist check on completion:				
Medical Staff check on completion:				