



BUREAU OF STATE LABORATORY SERVICES

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Victor Waddell, Ph.D., Bureau Chief

Clinical Sample Continuation Form

For Department Use Only

SUBMITTER PLEASE FILL IN BLUE SECTIONS, DARK BLUE SECTIONS MUST BE COMPLETE

Last Name	First Name	MI	Date of Birth (MM/DD/YYYY)	Age	Sex	Patient ID	Race/Ethnicity	Collection Date and Time	Total # Patient Specimens	Total Sample Volume	ADHS Sample Number	Disposal/Transfer Date and Initials

Chain of Custody					
Relinquished by:		Date / Time	Received by:		Date / Time
(Signature)	(Print Name)		(Signature)	(Print Name)	