



BUREAU OF STATE LABORATORY SERVICES

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Clinical Chemistry Specimen ID Form

For Department Use Only

The Patient ID or first and last name, and any test request code(s), must be filled in below for each specimen.

Is Chain of Custody needed? Yes or No If yes, please complete Chain of Custody form

If you do not indicate that you would like the sample(s) to be kept under chain-of-custody, the sample(s) will NOT be held under chain-of-custody.

Table with 8 columns: ADHS Sample Number, Patient Name and/or Patient ID, Patient Age and/or Date of Birth (MM/DD/YYYY), Sex (select one), Test Request Code(s), Collection Date and Time, Exposure Date and Time, Number and type of container.

M = male; F = female; T = transgender; U = undetermined