

**BUREAU OF STATE LABORATORY SERVICES**

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**Clinical Chemistry Specimen ID Form**

For Department Use Only

**The Patient Name, Patient ID, Sex, Test Request Code(s), and Collection Date and Time must be filled in below.**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.**

ADHS Sample Number	Patient Name	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
				F M T U				
				F M T U				
				F M T U				
				F M T U				
				F M T U				
				F M T U				
				F M T U				

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