



**ST. THOMAS CLINICAL
REFERENCE LABORATORY**

CHAIN OF CUSTODY

DATE: _____

AVERAGE TEMPERATURE (90.5 – 99.8F) YES _____ NO _____

TIME: _____

DOPING TEST: #3 _____ #5 _____ #10 _____

FULL PATIENT NAME: _____

YEARS: _____

GENDER: MALE _____ FEMALE _____

NAME OF CLINICAL LABORATORY THAT CONCERNS: _____

PATIENT SIGNATURE: _____

COLLECTION INDICATOR: _____

SHOWS RECEIVED BY DONOR, SEALED FOR TRANSPORT AND SENT TO THE LABORATORY

BY: _____

Note: Test It is not for legal purposes . Confirmation of GC- MS should be done for purposes legal.