



MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Laboratories Administration
1770 Ashland Avenue
Baltimore, Maryland 21205
Robert A. Myers, Ph.D., Director

CHAIN OF CUSTODY LOG

1. DELIVERING AGENCY		2. DATE COLLECTED	3. MBBT LAB NO.
4. COUNTY	5. COLLECTED BY		6. BT LAB NO.
7. SAMPLE DESCRIPTION (Quote pertinent labeling, firm name and address, pkg., etc.)			

I, the undersigned, hereby certify that the sample submitted in this case and listed above, while in my custody, remained and was delivered in essentially the same condition as when I received it, except that material or portion thereof consumed in the analytical process at the laboratory, and that I received and delivered it to the person indicated on the date and time stated.

8. SAMPLE ACKNOWLEDGEMENT Sample received from	Date/time	Sample received by	Date/Time	Remarks

9. SAMPLE RELEASED TO:

Name: _____ Date: _____ Time: _____

Address: _____

Received by: _____ Date: _____

Witnessed by: _____ Date: _____

10. SAMPLE STORAGE CONDITIONS

TEMPERATURE CONTROL _____ °C