

Chemical Agent Testing - Chain of Custody

Michigan Department of Community Health

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Submitter Information: 		Phone: <input style="width: 100%;" type="text"/>	
		Fax: <input style="width: 100%;" type="text"/>	
Contact Person: <input style="width: 100%;" type="text"/>			
Collection Location: <input style="width: 100%;" type="text"/>		Specimen Type <input type="checkbox"/> Blood <input type="checkbox"/> Urine	
Specimen Information (Include a unique Identifying Number - must match label)	Lab # (MDCH Use Only)	Collection Date & Time	Collectors Initials
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(Enclose top white copy in plastic bag and send with specimens to MDCH Laboratory. Use remaining copies for submitter, courier, etc. as needed)