

Montana Department of Public Health and Human Services
Laboratory Services Bureau
 1400 E. Broadway W.F. Cogswell Building
 Helena, MT 59601
 (800) 821-7284 Fax (406) 444-1802

| FOR LABORATORY USE ONLY | |
|----------------------------|----------------|
| Case Number (yyyymmddtime) | |
| Biological Lab #: | Chemical Lab#: |

CHAIN OF CUSTODY/SUBMISSION FORM

TO BE COMPLETED BY COLLECTION SITE PERSONNEL

| | |
|---|----------------------------------|
| Name and Title of Person Requesting Testing: | |
| If using CBAT/DWES Kit: Was the seal on the outer container of this kit intact before you opened it? <input type="checkbox"/> Yes <input type="checkbox"/> No | CBAT/DWES Kit Number |
| Date of sample collection: | Time of sample collection: |
| Collection location (city and site): | |
| Collection location contact person: | Contact person telephone number: |
| Description of Sample (i.e. description of water or unknown environmental sample, human blood, human urine): | |

SAMPLE RISK ASSESSMENT FOR TRANSPORTATION (Initials of assessor: _____)

| |
|---|
| If this sample involved in a known threat? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have any symptoms been exhibited from exposure to this sample? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, describe symptoms: |

(CBAT Only) CST / HAZMAT SCREENING (Initials of person performing pre-screen: _____)

| |
|---|
| Radiation screen results above background <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Performed |
| Explosive screen results <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not Performed |
| Hazmat ID screen results : |

CHAIN OF CUSTODY TRANSFERS (begins with collector and continues with each receiver)

| Date and Time | Released By | Received By | Purpose of Change in Custody |
|---------------|-------------|----------------------------------|------------------------------|
| | | Signature (Collector of samples) | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |

Turn form over for additional Chain of Custody blanks

Montana Department of Public Health and Human Services
Laboratory Services Bureau
 1400 E. Broadway W.F. Cogswell Building
 Helena, MT 59601
 (800) 821-7284 Fax (406) 444-1802

| FOR LABORATORY USE ONLY | |
|----------------------------|----------------|
| Case Number (yyyymmddtime) | |
| Biological Lab #: | Chemical Lab#: |

CHAIN OF CUSTODY/SUBMISSION FORM

| Date and Time | Released By | Received By | Purpose of Change in Custody |
|---------------|-------------|-------------|------------------------------|
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |
| | Signature | Signature | |
| | Name, Title | Name, Title | |

Final Disposal Action

- Released to: _____
 Destroyed: _____
Date Signature

Name, Title

Witness to Destruction of Article(s)

The article(s) listed above were destroyed by the evidence custodian, in my presence, on the date indicated above.

Name, Title Signature