

## Royal Hospital for Sick Children (Yorkhill)

### Laboratory 'chain of evidence' form (LCOEF)

Please complete a separate form for each specimen and staple this form to the request form. All individuals transporting or handling the specimen need to sign this form.

Date Taken	Time Taken	Doctor's name	
Patient's details / label (name, number, DOB, sex)		Department	Doctor's signature

Specimen type (eg blood / CSF / urine); site (if applicable)	
Test(s) requested	

**ALL NAMES MUST BE ACCOMPANIED BY A SIGNATURE**

Procedure	Name / Position	Signature	Date	Time
Specimen taken by:				
Witnessed by:				
Specimen delivered to laboratory by:				
Specimen received by:				
Sample booked in and request form booked onto telepath by:				
<b>Please state procedure below (if not hard-coded)</b>				
1. Separated by:				
2. Analysed by:				
3. Transferred to freezer/fridge by:				
4.				
5.				
6.				
7.				

*Continue on another form if necessary*