



Montana Chain of Custody For Newborn Blood Spot Specimens

Facility of Origin: _____

Today's Date: _____ Number of Specimens: _____

 Manifest Enclosed (Check)

 No blood spot specimens available for pickup today (Check)

THIS ENVELOPE MUST BE COMPLETED AND TRANSPORTED DAILY, EVEN WHEN NO BLOODSPOT SPECIMENS ARE AVAILABLE.

COURIER DRIVER: SIGNATURE AND TIME ARE REQUIRED AT EVERY TRANSFER (HANDOFF).

| PREPARED FOR PICKUP by: | INIT | DATE (M/D/YR) | TIME | AM | PM |
|---|------|---------------|------|----|----|
| 1 | | | | | |
| PICKED UP from ORIGIN FACILITY by: | INIT | DATE (M/D/YR) | TIME | AM | PM |
| 2 | | | | | |
| TRANSFERRED to 3, otherwise sign line 5 | INIT | DATE (M/D/YR) | TIME | AM | PM |
| 3 | | | | | |
| TRANSFERRED to 4, otherwise sign line 5 | INIT | DATE (M/D/YR) | TIME | AM | PM |
| 4 | | | | | |
| DELIVERED to PUBLIC HEALTH LAB by: | INIT | DATE (M/D/YR) | TIME | AM | PM |
| 5 | | | | | |
| RECEIVED at PUBLIC HEALTH LAB by: | INIT | DATE (M/D/YR) | TIME | AM | PM |
| 6 | | | | | |

(Lab Use Only) # Specimens Received: _____ by (Init/Date) _____ / _____

Every Hour Counts! Thank you!

Laboratory Services Bureau ♦ Cogswell Building ♦ RM B126 ♦ 1400 E. Broadway ♦ Helena
(800) 821-7284