

**Section 1: To be completed by Initial Specimen collector (use an ink pen).**

	<b>MEDICO LEGAL SPECIMENS REQUEST &amp; CHAIN OF EVIDENCE FORM</b>	<b>Lab No:</b> _____  <small>Ensure each page has Lab No</small>
<b>Patient Details</b>  (May attach label)	Last Name: _____	
	First Name: _____	
	NHI: _____	Sex: _____
	DOB: _____	
Clinical Details:		Copy to: _____
		Specimens collected – please <input type="checkbox"/> tick what has been collected :
<b>VAGINAL</b>		<b>RECTAL</b>
Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>	Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>	
Swab in transport media for culture <input type="checkbox"/>	Swab in transport media for culture <input type="checkbox"/>	
Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>	
Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>	
<b>CERVICAL</b>		<b>THROAT</b>
Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>	Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>	
Swab in transport media for culture <input type="checkbox"/>	Swab in transport media for culture <input type="checkbox"/>	
Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>	
Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>	
<b>URETHRAL</b>		<b>URINE</b>
Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>	Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>	
Swab in transport media for culture <input type="checkbox"/>	Microscopy and culture <input type="checkbox"/>	
Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>	
Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>	
<b>Collection Information (Specimens collected by):</b>		<b>BLOODS</b>
Full Name .....	Syphilis <input type="checkbox"/>	
Signed: .....	Hep B <input type="checkbox"/>	
Position: .....	HIV <input type="checkbox"/>	
Time: .....	Other Please state <input type="checkbox"/>	
Date: .....		
Location .....		

**Please SCAN FORM once this section is complete.**

**Section 2: To be completed by courier**

Lab No:

<b>Transported by: (Include full name, organisation and position within organisation)</b>		<b>Signature of courier:</b>
Time transported:	Location sample transported from:	Date:
<b>Received by: (Include full name, organisation and position within organisation)</b>		<b>Signature of receiver:</b>
Time received:	Location where sample has been transported to:	Date:
<b>Specimens received, verified intact and correct:</b>  <b>Yes/No</b>	<b>By: (Include full name, organisation and position within organisation)</b>	
Signature:	Time:	Date:

**Section 3: To be completed by Specimen Services**

<b>Received by: (Include full name, organisation and position within organisation)</b>		<b>Signature of receiver:</b>
Time of Receipt:	Location:	Date:
<b>Secondary receiver: (Include full name, organisation and position within organisation)</b>		<b>Signature of secondary receiver:</b>
Time of Receipt:	Location:	Date:

<b>Any observational comments:</b>
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**Please SCAN FORM once this section is complete.**

**Section 4: To be completed by courier (if transporting to another site eg PLW>PLBOP)**

*Lab No:*

<b>Transported by: (Include full name, organisation and position within organisation)</b>		<b>Signature of courier:</b>
Time transported:	Location sample transported from:	Date:
<b>Received by: (Include full name, organisation and position within organisation)</b>		<b>Signature of receiver:</b>
Time received:	Location where sample has been transported to:	Date:
<b>Specimens received, verified intact and correct:</b>  <b>Yes/No</b>		<b>By: (Include full name, organisation and position within organisation)</b>
Signature:	Time:	Date:

**Please SCAN FORM once this section is complete.**

**Section 5: To be completed by HOD of relevant department:**

*Lab No:*

<b>Chain of evidence complete:</b> <b>Yes/No</b>	<b>Authorised by: (Include full name and position)</b>		
Signed:	Time:	Date:	

**Authorisation of secondary department HOD (if testing is carried out over two departments):**

<b>Chain of evidence complete:</b> <b>Yes/No</b>	<b>Authorised by: (Include full name and position)</b>		
Signed:	Time:	Date:	

**Section 6: Release of results and/or specimens to authorised personnel**

<b>Released to: (State full name and position)</b>	<b>Authorised by:</b>		
Signature of authoriser:	Time:	Date:	
Signature of authorised personnel:	Time:	Date:	

**Please SCAN FORM once this section is complete.**