

**Section 1: To be completed by Initial Specimen collector (the use of blue or black ink pen only).**

	<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"/>	Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>
Swab in transport media for culture <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"/>	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"/>	Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>
Swab in transport media for culture <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"/>	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"/>	Chlamydia / Gonorrhoea NAAT <input type="checkbox"/>
Swab in transport media for culture <input type="checkbox"/>	Microscopy and 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"/>	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"/>	Syphilis <input type="checkbox"/>
Signed: .....	Hep B <input type="checkbox"/>	Hep B <input type="checkbox"/>
Position: .....	HIV <input type="checkbox"/>	HIV <input type="checkbox"/>
Time: .....	Other Please state <input type="checkbox"/>	Other Please state <input type="checkbox"/>
Date: .....		
Location .....		

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

**Section 2a: To be completed by 'Delivery Person'.***Lab No:*

<b>Transported by: (Include full name, organisation and position within organisation)</b>		<b>Signature of 'Delivery Person':</b>
Time transported:	Location sample transported from:	Date:

**Section 2b: To be completed by 'Receiver' (Laboratory staff to complete, except Specimen Services go straight to Section 3) - Should be Snr staff member or Supervisor On-shift**

<b>Specimens 'delivered', verified intact and correct:</b>	<b>By: (Include full name, organisation and position within organisation)</b>	
Yes / No		
Signature:	Time of receipt:	Date:

**Section 3: To be completed by Specimen Services - should be Snr staff member or Supervisor On-shift**

<b>Specimens received, verified intact and correct:</b>	<b>Chlamydia / Gonorrhoea NAAT:</b> Please state sites	
Yes / No	<b>Microscopy and culture:</b> Please state sites	
	<b>Other:</b> Please state	
	<b>Bloods:</b> Please state	
<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 IF specimens are held for subsequent / later processing***Lab No:***4a Specimen(s) secure packaging record:**

Specimens verified intact, correct & packaged:  Yes / No		Chlamydia / Gonorrhoea NAAT: Please state sites Microscopy and culture: Please state sites Other: Please state Bloods: Please state
Packaged by: (Include full name and position within organisation)		Tamper proof bag number:
Signature:	Time:	Date:

**4b Specimen(s) secure unpackaging record:**

Tamper proof bag number:	Tamper proof bag intact: Yes / No	
Specimens verified intact and correct:  Yes / No	Chlamydia / Gonorrhoea NAAT: Please state sites Microscopy and culture: Please state sites Other: Please state Bloods: Please state	
Un Packed by: (Include full name and position within organisation)		
Signature:	Time:	Date:

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

**Section 5: Sample 'hand over' for analysis –**

Lab No:

To be completed by receiving staff member of relevant dept, should be Snr staff member or Supervisor On-shift

MICROBIOLOGY		
Received by Microbiology Staff Member: (Include full name and position within organisation)		
Confirming specimens verified and correct: Yes / No		
Signature:	Time:	Date:
MOLECULAR		
Received by Molecular Staff Member: (Include full name and position within organisation)		
Confirming specimens verified and correct: Yes / No		
Signature:	Time:	Date:
SENDAWAYS		
Received by Specimen Services Sendaway Staff Member: (Include full name and position within organisation)		
Confirming specimens verified and correct: Yes / No		
Dispatched to reference laboratory A+ / ESR / WHL / ChCh in Tamper proof bag		
Tamper proof bag number:		
Signature:	Time:	Date:
SPECIMEN SERVICES BATCHING		
Received by Specimen Services Batching Staff Member: (Include full name and position within organisation)		
Confirming specimens verified and correct: Yes / No		
Dispatched to Pathlab Waikato IMMUNOLOGY in Tamper proof bag		
Tamper Proof Bag Number:		
Signature:	Time:	Date:
IMMUNOLOGY		
Received by Immunology Staff Member: (Include full name and position within organisation)		
Confirming specimens verified and correct: Yes / No		
Signature	Time:	Date:

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

**Section 5 (cont.): Sample 'hand over' for analysis –**

*Lab No:*

To be completed by receiving staff member of relevant dept, should be Snr staff member or Supervisor On-shift

BIOCHEMISTRY		
Received by Biochemistry Staff Member: (Include full name and position within organisation)		
Confirming specimens verified and correct:		Yes / No
Signature:	Time:	Date:

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

## Section 6: Specimens secure storage

Lab No:

To be completed when specimens are being stored

MICROBIOLOGY		
Tamper proof bag number:		Location stored:
Specimens being stored: Chlamydia / Gonorrhoea NAAT - State sites Microscopy and culture - State sites Other - State samples		By: (Include full name and position within organisation)
Signature:	Time:	Date:
MOLECULAR PATHOLOGY		
Tamper proof bag number:		Location stored:
Specimens being stored: Chlamydia / Gonorrhoea NAAT - State sites Microscopy and culture - State sites Other - State samples		By: (Include full name and position within organisation)
Signature:	Time:	Date:
IMMUNOLOGY		
Tamper proof bag number:		Location stored:
Specimens being stored: Bloods - State samples		By: (Include full name and position within organisation)
Signature:	Time:	Date:
BIOCHEMISTRY		
Tamper proof bag number:		Location stored:
Specimens being stored: Bloods - State samples		By: (Include full name and position within organisation)
Signature:	Time:	Date:

## Section 7: Release of specimens to authorised personnel e.g. Police

See Specimen Services Manual Policy - "Release of Information to Police"

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