

Tarrant County Public Health Department North Texas Regional Laboratory BT Response/Emerging Agents Unit

CHAIN OF CUSTODY Case ID: _____ Page _____ of ____ Received From (Print/ Sign) Date: Time: Organization: Reason for Custody Release: Received By (Print/ Sign) Date: Time: Organization: Reason for Custody Receipt: Received By (Print/ Sign) Date: Time: Organization: Reason for Custody Receipt: Received By (Print/ Sign) Date: Time: Organization: Reason for Custody Receipt : Received By (Print/ Sign) Date: Time: Organization: Reason for Custody Receipt: Received By (Print/ Sign) Date: Time: Organization: Reason for Custody Receipt: