Blood Tube Chain of Custody Form

INSERT PATIENT INFORMATION HERE **Centers for Disease Control and Prevention CDC** Warehouse 3719 N Peachtree Rd Chamblee, GA 30341 USA (770) 488-0343 Number of tubes collected: Purple_____, Green/Gray_____ Date Time Collected By: _____(Printed Name) (Signature) Reason: _____ Received By: ___ (Signature) (Printed Name) Received By: ____ (Printed Name) (Signature) Received By: _____ (Signature) (Printed Name) Reason: Received By: ____ (Printed Name) (Signature) Reason: Received By: ____ (Printed Name) (Signature) Reason: Received By: ___ (Signature) (Printed Name) Reason: