Urine Cup 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 cups collected: Urine cups_____

Date Time

Collected By: _____
(Printed Name) (Signature)

Reason: _____

Received By: _____
(Printed Name) (Signature)

Reason: _____

Received By: _____
(Printed Name) (Signature)

Reason: _____

Received By: _____
(Printed Name) (Signature)

Reason: _____

Received By: _____
(Printed Name) (Signature)

Reason: _____

Received By: _____
(Printed Name) (Signature)

Reason: _____

Received By: _____
(Printed Name) (Signature)

Reason: _____