

CHAIN OF CUSTODY FORM



OFFICE INFORMATION

Office Name: _____

Address: _____

Email: _____

Phone: _____

Date Collected: _____ Collected By: _____

Order Number: _____

SAMPLING AND SHIPPING INSTRUCTIONS

- ✓ Follow sampling instructions included in kit.
- ✓ Ship samples on the same day they are collected.
- ✓ Return to Woodhouse Labs via UPS overnight.
- ✗ Do not ship on Friday or the day before a holiday.
- ✗ Incomplete forms may invalidate results.

LABORATORY USE ONLY

RECEIVED/PROCESSED _____ MEDIA LOT _____

READ _____ DILUENT LOT _____

REPORTED _____ METHOD _____

Vial #	Operator	Device/Source (Circle One)	Lab Use Only		RESULT
			DF	CT	
1		AW syringe – Handpiece – Scaler – Source – Pooled			
2		AW syringe – Handpiece – Scaler – Source – Pooled			
3		AW syringe – Handpiece – Scaler – Source – Pooled			
4		AW syringe – Handpiece – Scaler – Source – Pooled			
5		AW syringe – Handpiece – Scaler – Source – Pooled			
6		AW syringe – Handpiece – Scaler – Source – Pooled			
7		AW syringe – Handpiece – Scaler – Source – Pooled			
8		AW syringe – Handpiece – Scaler – Source – Pooled			

Questions?

Phone: 1.800.647.9881

E-mail: frontdesk@woodhouselabs.com

Address: 3115 Mercer Ave, STE 103, Bellingham WA 98225

Additional Vials on Back →

CHAIN OF CUSTODY FORM



Additional Test Vials

Vial #	Operatory	Device/Source (Circle One)	Lab Use Only		
			DF	CT	RESULT
9		AW syringe – Handpiece – Scaler – Source – Pooled			
10		AW syringe – Handpiece – Scaler – Source – Pooled			
11		AW syringe – Handpiece – Scaler – Source – Pooled			
12		AW syringe – Handpiece – Scaler – Source – Pooled			
13		AW syringe – Handpiece – Scaler – Source – Pooled			
14		AW syringe – Handpiece – Scaler – Source – Pooled			
15		AW syringe – Handpiece – Scaler – Source – Pooled			
16		AW syringe – Handpiece – Scaler – Source – Pooled			
Lab Use Only			DF	CT	RESULT
QC					
QC					
QC					

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