

Veterinary Diagnostic Services
545 University Crescent Winnipeg MB R3T 5S6
Phone: (204) 945-8220 Fax: (204) 948-2654



CHAIN OF CUSTODY FORM

Submitter's Reference Number: _____

Lab Case Number: _____

Date: _____ Time: _____ Phone: _____

Collected by: _____

(Print name)

(Signature)

Organization: _____

Complete Address: _____

Specimen Description: _____

Date: _____ Time: _____ Phone: _____

Received by: _____

(Print name)

(Signature)

Organization: _____

Date: _____ Time: _____ Phone: _____

Received by: _____

(Print name)

(Signature)

Organization: _____

Date: _____ Time: _____ Phone: _____

Received by: _____

(Print name)

(Signature)

Organization: _____

Date: _____ Time: _____ Phone: _____

Received by: _____

(Print name)

(Signature)

Organization: _____