

**Biological Specimen(s) Chain of Custody Form
for Connecticut Children's Research Studies**

Research Study Information			
Study Title:			
Principal Investigator:			
CCMC IRB #:			
Department:			
Specimen Description			
Number of specimen(s):			
Type of specimen(s):			
Subject Identification #(s):			
Type of refrigerant (if applicable), i.e. dry ice			
Special Comments:			
Person TRANSPORTING Specimen			
Name:		Phone #:	
Department & Address:			
Date of Transport:		Time:	
Signature:			
Person RECEIVING Specimen			
Name:		Phone #:	
Department & Address:			
Date Received:		Time:	
Package & contents are in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No; details:		
Signature:			