

**APPENDIX 5**

**Suggested Proforma for Chain of Evidence Form (Microbiology or Virology)**

A copy of this form must accompany each specimen associated with forensic/legal investigations.

All specimens and related documentation **must** remain within the custody of the appropriate signatory at all times.

**Specimen Collection and Transportation**

<b>PATIENT DETAILS:</b>		
Hospital no.	M/F	Date of Exam:
Surname:		Examining Dr:
First name:		Designation:
DOB:		Signature:
Relevant patient details:		

<b>SPECIMEN DETAILS:</b>	
Taken by:	Date taken:
Designation:	Time taken:
Signature:	Type of specimen:

All individuals handling or transporting this specimen and form to the Microbiology/Virology Laboratory must complete the section below. When transferring this specimen and form to another individual the new custodian, in the presence of the previous bearer, must complete the next available section. Laboratory personnel should follow the same procedure.

<b>TRANSPORTATION DETAILS (Specimen Custodians)</b>		
1. Name:	Date:	Time:
Designation:		
Signature:		
2. Name:	Date:	Time:
Designation:		
Signature:		
3. Name:	Date:	Time:
Designation:		
Signature:		
4. Name:	Date:	Time:
Designation:		
Signature:		

ON ARRIVAL AT THE LABORATORY EXPLAIN THE NATURE OF THE SPECIMEN AND REQUEST THE ATTENDANCE OF A SENIOR DOCTOR.