

**Veterinary Diagnostic Services**

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## 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: \_\_\_\_\_

**Privacy Notice:**

By submitting this Form, the Submitter acknowledges and agrees that: (1) all information provided on this form is complete and true to the best of their knowledge; (2) if the Submitter is not the owner of the animal(s), then the Submitter is the authorized agent of the owner or has been authorized by the owner to submit this Form and the sample(s); (3) the Submitter consents to disclosures of submitted information and materials and test results to any persons or entities identified on this Form and any necessary persons and entities as required by legislation respecting reportable diseases and for the surveillance and protection of animal and human health; and (4) the Submitter has read and understands the notices on the Veterinary Diagnostic Services Laboratory (VDS) website respecting confidentiality, disclosure, privacy and ownership of submitted materials.

The personal information collected in this form is collected in accordance with the Privacy Notice on the VDS website. For more information on the Privacy Notice, please contact the Manitoba Agriculture's Access and Privacy Coordinator at 204-945-4823 or email ardfippa@gov.mb.ca.