

**HERITAGE ID CHAIN OF CUSTODY FORM
(POST-MORTEM)**

Name of Collection Site: _____ Location of Site: _____

Specimen Collector's Statement: I _____ certify that I did take buccal swab and pulled hair specimens from the individual named below. I have identified the individual and have included identification information. Each specimen is clearly labeled with the individual's name, date collected, and my initials.

Signature: _____ Date: _____

C L I E N T	First Name _____	RACE (Please Check One) <input type="checkbox"/> Caucasian <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Aboriginal <input type="checkbox"/> Other (specify)
	Last Name _____	
	Date of Birth _____	
	Date of Death _____	
	Gender (please circle one) Male / Female _____	
	Funeral Home Case Number _____	
	Pathology Lab Case Number (if sample is coming from hospital or pathology lab) _____	
	Type of sample required: Cheek Swab <u>and</u> Hair Sample	

IDENTIFICATION INFORMATION

Please take a photocopy of the identifying information from the deceased (i.e. toe tag, death certificate, cremation tag) and attach to this page with a stapler