


<b>Name of Policy:</b> <u>Chain of Custody</u> <b>Policy Number:</b> 3364-124-51 <b>Department:</b> Nursing Service/Operating Room <b>Approving Officer:</b> Nurse Manager Operating Room <b>Responsible Agent:</b> Chief Nursing Officer/CNO <b>Scope:</b> Operating Room (OR)/Perioperative Services	  <b>Effective Date: 12/1/2022</b> Initial Effective Date: 2/2003				
<table> <tr> <td><input type="checkbox"/> New policy proposal</td> <td><input type="checkbox"/> Minor/technical revision of existing policy</td> </tr> <tr> <td><input type="checkbox"/> Major revision of existing policy</td> <td><input checked="" type="checkbox"/> Reaffirmation of existing policy</td> </tr> </table>		<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy	<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy
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### (A) Policy Statement

All employees working in the OR shall follow the 'Chain of Custody' procedure.

### (B) Purpose of Policy

The purpose of this policy is to establish a procedure for maintaining the chain of custody, and to continue that chain with the least number of personnel exchanges possible.

### (C) Definition

Chain of Custody (COC), in legal contexts, refers to the chronological documentation or paper trail, showing the seizure, custody, control, transfer, analysis, and disposition of physical or electronic evidence. Evidence is something that legally can be presented before a court of law such as an object or written document, which bears on or establishes the point in question.

### (D) Procedure

1. All evidence pertaining to a case will be marked by the initial individual who has contact with the item, in such a manner as not to deface the item.
2. If the item is to be examined by the Bureau of Criminal Investigation, make sure that the item is protected by a paper bag, plastic bag or specimen container, as appropriate to preserve the specific evidence.
3. The COC form should have a patient label placed in the upper right-hand corner. Remember that each person who is in contact with the piece of evidence must either sign, or initial next to their printed name on the COC form.
4. The container should then be labeled with a patient label.
5. The label should be attached in such a manner that both side and lid are adhered to; or across the open end of the paper or plastic bag, to form a seal. Place your initials on the label. Complete the COC form and call pathology, the law enforcement jurisdiction, or The University of Toledo (UT) police department to pick up the evidence if no local jurisdiction is at hand to accept the evidence, for guidance.
6. When passing off the evidence be certain that the person taking the evidence has the authority to do so and signs their name to the COC form. If there is a question of authority refer to the UT police department.

<b>Approved by:</b>  <div style="display: flex; justify-content: space-between;"> <div> <u>/s/</u>  Michelle Mallette, MSN, RN, CNOR  Director Surgical Services </div> <div> Date </div> </div> <div style="display: flex; justify-content: space-between;"> <div> <u>/s/</u>  Kurt Kless, MSN, MBA, RN, NE-BC  Chief Nursing Officer  Review: Policy &amp; Standard Committee, 2/16, 8/19, 12/22  Revision completed by: Greg Shannon, MSN, RN. </div> <div> Date </div> </div>		<b>Review/Revision Date:</b> 7/05 6/10/2008 8/2011 10/2014 2.1.2016 8/1/2019 12/1/2022  <b>Next Review Date:</b> 12/2025
<b>Policies Superseded by This Policy:</b> 4-51		

*It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.*

Univeristy of Toledo Medical Center  
Perioperative Services  
419-383-3900

Chain of Custody Form

All evidence pertaining to a case will be marked by the individual who has initial contact with the item, in such a manner as not to deface the item.

If the item is to be examined by the Bureau of Criminal Investigation, make sure that the item is protected by a plastic bag or specimen container, or whatever is necessary to preserve the evidence.

The Chain of Custody form should have a patient label placed in the upper right hand corner. Remember that each person who is in contact with the piece of evidence must either sign, or initial next to their printed name on the Chain of Custody form.

Time/Date	Released By Please Print & Sign	Received By Please Print & Sign	Purpose
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
Date ____/____/____ Time __:__:__ Hours Intact: YES / NO	_____ Print Name  _____ Signature	_____ Print Name  _____ Signature	
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