

CHAIN OF CUSTODY FORM (Sample)

Place patient sticker here

Number of items collected: _____ Location of collection: _____

Date of specimen collection: _____ Time of specimen collection: _____

Specimen names:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Record of Transmission of Specimens

Relinquished by	Received by (print name)	Signature	Date	Time (Military)

Transfer to Local Law Enforcement

Relinquished by: _____

Received by (print): _____ Signature: _____

Badge number: _____ of _____ Police Department

Date: _____ Time: _____ Number of items: _____