LABEL

Chain of Custody Form

Patient's Name and DOB or Anonymous ID number: _____

County of Offense:_____

Date of Offense:_____ Date and time of Exam:_____

Evidence items:

____ evidence collection kit ____ law enforcement copies ____ blood for toxicology

____ bags of clothes: ____ urine for toxicology ____ other: _____

(how many? ____)

_____ _____ _____

Time Date Examiner Signature

_____

Print Name

Evidence stored in the following secured location: _____

_____ _____ _____

Time Date By: (Signature)

_____

Print Name

Evidence removed from the secured location: _____

_____ _____ _____

Time Date By: (Signature)

_____

Print Name

Released to Law Enforcement (Name of Law Enforcement Agency):

_____

_____ _____ _____

Time Date By: (Signature)

_____

Print Name

_____

To: (Signature)

_____

Print Name