

DIVISION OF LABORATORY SERVICES  
CHAIN OF CUSTODY / PROPERTY FORM

LAB NUMBER: _____
EOC NUMBER: _____

NAME OF PERSON FROM WHOM RECEIVED:	
LOCATION WHERE SAMPLE WAS OBTAINED:	ADDRESS:
TIME OBTAINED:	REASON OBTAINED:
DATE OBTAINED:	
SAMPLE SCREENED FOR:    RADIOLOGICAL ( )    CHEMICAL ( )    EXPLOSIVE ( )    BIOLOGICAL ( ) RESULTS:	
Rad Chem Bio Explosive Result:	Instrument:
<small>Circle one</small>	
Rad Chem Bio Explosive Result:	Instrument:
<small>Circle one</small>	
Rad Chem Bio Explosive Result:	Instrument:
<small>Circle one</small>	
Rad Chem Bio Explosive Result:	Instrument:
<small>Circle one</small>	

ITEM #	QUANTITY	DESCRIPTION OF ARTICLES

CHAIN OF CUSTODY

ITEM NO.	DATE/TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	

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EOC# \_\_\_\_\_

Lab # \_\_\_\_\_

ITEM NO.	DATE/ TIME	RELEASED BY	RECEIVED BY	PURPOSE OF CHANGE
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	
		Signature	Signature	
		Print Name	Print Name	