

SUBMITTER CHAIN OF CUSTODY FORM



Animal identification(s)
Species: _____ Breed: _____
Age: _____ Sex: _____
Colour (& markings): _____
Clinic Reference/Animal name(s): _____
Microchip No.: _____

Sample(s) of Evidence identification/description sent:

Item No.	Quantity	Inventory (full description/special notes)
1		
2		
3		
4		
5		
6		

FINAL DESTINATION: _____

Released by:
Name (printed & signature): _____
Title/position: _____
Clinic/Company: _____
Date/time: _____

Copy of completed form to be sent to (email/fax): _____

Record courier ticket number: _____

To whomever receives & opens this package: **Chain of custody is a priority with this/these sample(s).**
To ensure samples have not been tampered with please **fill out this form and send back immediately**
to acknowledge receipt of the samples. Please keep the original on file.

Received by: Name & Signature: _____ Organisation: _____ Title/position: _____ Date/time: _____
Received by: Name & Signature: _____ Organisation: _____ Title/position: _____ Date/time: _____
Received by: Name & Signature: _____ Organisation: _____ Title/position: _____ Date/time: _____