

Appendix I - Sample Chain Of Custody Form

Patient Name: _____

Patient MRN: _____

DOB: _____ DOS: _____

Hospital/Clinic Name: _____

Hospital/Clinic City: _____

Items Included:

Clothing Bag

Clothing Bag 1: _____

Clothing Bag 2: _____

Clothing Bag 3: _____

Clothing Bag 4: _____

Swabs

Swab 1: _____

Swab 2: _____

Swab 3: _____

Swab 4: _____

Other

Items Secured by:

Clinician Signature

Date/Time

Print Name

Items Released by:

Clinician Signature

Date/Time

Print Name

Items Received by:

Law Enforcement Signature

Print Name

Date/Time

Agency/Badge Number