

FOR LABORATORY USE ONLY	
Case Number (yyyymmddtime)	
Biological Lab #:	Chemical Lab#:

## UNKNOWN SAMPLE CHAIN OF CUSTODY/SUBMISSION FORM

### TO BE COMPLETED BY COLLECTION SITE PERSONNEL

Name and Title of Person Requesting Testing:	
CBAT Kit Seal: Was the seal on the outer container of this kit intact before you opened it? <input type="checkbox"/> Yes <input type="checkbox"/> No	Kit Number
Date of sample collection:	Time of sample collection:
Collection location (city and site):	
Collection location contact person:	Contact person telephone number:
Description of Sample:	

### SAMPLE RISK ASSESSMENT FOR TRANSPORTATION

Is this sample involved in a known threat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any symptoms been exhibited from exposure to this sample?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, describe symptoms:		

### CST / HAZMAT SCREENING

Radiation screen results above background	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Performed
Explosive screen results	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not Performed
Hazmat ID screen results :			

### CHAIN OF CUSTODY TRANSFERS

Date and Time	Released By	Received By	Purpose of Change in Custody
	Signature	Signature	
	Name, Title	Name, Title	
	Signature	Signature	
	Name, Title	Name, Title	
	Signature	Signature	
	Name, Title	Name, Title	

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	Signature	Signature	
	Name, Title	Name, Title	
	Signature	Signature	
	Name, Title	Name, Title	
	Signature	Signature	
	Name, Title	Name, Title	
	Signature	Signature	
	Name, Title	Name, Title	
	Signature	Signature	
	Name, Title	Name, Title	

### Final Disposal Action

- Released to: \_\_\_\_\_  
 Destroyed: \_\_\_\_\_  
Date Signature  
 \_\_\_\_\_  
Name, Title

**Witness to Destruction of Article(s)**

The article(s) listed above were) destroyed by the evidence custodian, in my presence, on the date indicated above.

\_\_\_\_\_  
Name, Title Signature