

Example of Chain of Custody Label

Name of Patient: _____

Law Enforcement Agency/Case Number: _____

Name of Facility: _____

Name of Examiner: _____

Date of Examination: _____

Evidence Release:

Released by: _____ Date/Time: _____

Received by: _____ Date/Time: _____

Released by: _____ Date/Time: _____

Received by: _____ Date/Time: _____

Released by: _____ Date/Time: _____

Received by: _____ Date/Time: _____

Released by: _____ Date/Time: _____

Received by: _____ Date/Time: _____