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: ________________