



Providing Safe and Effective Pest  
Management Solutions for  
Specialty Crop Growers

## TEST SUBSTANCE CHAIN OF CUSTODY FORM

**TRANSFER INVENTORY:** List test substance(s) here, including the name on the container label, number of containers, the batch/lot number, and trial ID numbers for which test substance was used.

TRANSFERRED BY:

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Address

COURIER:

\_\_\_\_\_

TRANSFERRED TO:

\_\_\_\_\_

RECEIVED BY:

\_\_\_\_\_

Print name

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

PLEASE RETURN THE ORIGINAL TRANSFER FORM TO THE SENDER, AND  
KEEP A COPY FOR YOUR RECORDS.