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.