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.