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.