



SOP No: ICLN-Chain of Custody.001.01		Page 1 of 2
Title: ICLN Sample Chain of Custody Form		
Revision Date: 08/10/2016	Replaces: Original	Effective: 2006
Authors/Point(s) of Contact: ICLN Methods Workgroup Email: ICLN@hq.dhs.gov		

SAMPLE/EVIDENCE CUSTODY DOCUMENT		NETWORK AFFILIATION
NAME, AND TITLE OF PERSON FROM WHOM RECEIVED		RECIPIENT/ADDRESS/PHONE#
CONTACT INFORMATION (Address, Phone Number, Email)		LOCATION FROM WHERE SAMPLE OBTAINED (e.g., Floor, Drain, Greenhouse, etc)
		PURPOSE/REASON:
		<table border="1"> <tr> <td>GPS COORDINATES</td> <td>DATE/TIME SAMPLED</td> </tr> </table>
GPS COORDINATES	DATE/TIME SAMPLED	
ITEM NO.	QUANTITY & SAMPLE ID #	DESCRIPTION OF SAMPLES (soil, swab, tissue, water, food, clinical, etc) and/or REQUIRED TESTS and SPECIAL CONDITIONS*
		<p>(If information is missing or unknown, please include N/A (not applicable) for any of the boxes.)</p> <p>*If extra space is needed, please check this box (<input type="checkbox"/>) and use an additional sheet.</p> <p>Witness Signature (optional) _____ Date: _____</p>



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CHAIN OF CUSTODY*				
ITEM NO.	DATE/TIME	RELEASED BY	RECEIVED BY	COMMENTS/ TRANSPORTER/ TRACKING NUMBER/ PURPOSE
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	

REMARKS (optional):

FINAL DISPOSAL ACTION

RELEASE TO OWNER OR OTHER (Name/Organization) _____

DESTROY _____

OTHER (Specify) _____

FINAL DISPOSAL AUTHORITY

ITEM(S) _____ ON THIS DOCUMENT, PERTAINING TO THE INQUIRY/INVESTIGATION INVOLVING:

(Grade) _____ (Name) _____ (Organization) _____ (IS)(ARE) NO LONGER

REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. *(If articles must be retained do not sign, but explain in separate correspondence.)*

(Typed/Printed Name, Grade, Title) (Signature) (Date)

WITNESS TO DESTRUCTION OF EVIDENCE

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) _____ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN IN MY PRESENCE, ON THE DATE INDICATED ABOVE.

(Typed/Printed Name, Grade, Title, Organization) (Signature) (Date)

*If additional names are needed for chain of custody, please check this box and use an additional sheet.