

# Chain of Evidence Form

## Evidence Information

Patient Label	Collection Date: _____ Time: _____ <input type="checkbox"/> Blood, <input type="checkbox"/> Urine, <input type="checkbox"/> SA kit, <input type="checkbox"/> Other: _____ (# of bags/samples) SANE Printed Name: _____ SANE Signature: _____
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## Chain of Evidence

Placed in locked area by: \_\_\_\_\_

<b>BCA Lab Specimens and Copy of Hospital Records</b>	<b>Clothing</b>
Released to: _____	Released to: _____
Agency: _____	Agency: _____
Released by: _____	Released by: _____

Placed in locked refrigerator by: \_\_\_\_\_

## Temporary Disposition of Evidence

Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____

Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____

Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____

Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____

Location: _____	Date: _____
Released by: (print) _____	(signature) _____
Released to: (print) _____	(signature) _____