



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
NORTH CAROLINA STATE LABORATORY OF PUBLIC HEALTH
4312 DISTRICT DRIVE
RALEIGH, NC 27607
24/7 Emergency Phone: (919) 807-8600**

SUSPICIOUS SUBSTANCE/PACKAGE CHAIN OF CUSTODY FORM

SUBMITTER DATA

Please fill in all data in appropriate boxes

| | | | |
|---|----------|--|-----------|
| Investigator Name: | | Date Submitted: | |
| Agency: | | Agency Case No.: | |
| Address: | | | |
| City/County: | | State: | Zip Code: |
| Phone No.: | Fax No.: | E-mail: | |
| 24-hour contact name (for emergency) Name: | | 24-hour phone number (for emergency) Phone: | |

SAMPLE DESCRIPTION

| |
|-------------------------------------|
| Laboratory Sample Number(s): |
| Sample Description: |
| |
| |

Total Number of Containers/Samples: _____

SAMPLE COLLECTION INFORMATION

| | | |
|-------------------------|--------------------------|--------------------------|
| Collected by(initials): | Date and Time Collected: | Location (full address): |
| Contents Suspected: | | |

CHAIN OF CUSTODY

| | | |
|------------------|---------------|------------|
| Relinquished by: | Organization: | Date/Time: |
|------------------|---------------|------------|

| | | |
|--------------|---------------|------------|
| Received by: | Organization: | Date/Time: |
|--------------|---------------|------------|

| | | |
|------------------|---------|------------|
| Custodial Agent: | Action: | Date/Time: |
|------------------|---------|------------|

| | | |
|------------------|---------|------------|
| Custodial Agent: | Action: | Date/Time: |
|------------------|---------|------------|

| | | | | |
|----------------|-------|-------|----------|------------|
| Moved from/to: | Date: | Time: | Initials | Signature: |
|----------------|-------|-------|----------|------------|

| | | | | |
|----------------|-------|-------|-----------|------------|
| Moved from/to: | Date: | Time: | Initials: | Signature: |
|----------------|-------|-------|-----------|------------|

| | | | | |
|----------------|-------|-------|-----------|------------|
| Moved from/to: | Date: | Time: | Initials: | Signature: |
|----------------|-------|-------|-----------|------------|