The Pennsylvania State University – Animal Diagnostic Laboratory  
Chain of Custody

Accession #: _____________________ Submitter: ___________________________________________

I hereby acknowledge receipt of the following described item which was given into my custody by the indicated releasing individual.

<table>
<thead>
<tr>
<th>Item Number</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

From:  
Signature:  
Date/Time:  
Reason:  
(print name)

To:  
Signature:  
Date/Time:  
Reason:  
(print name)

From:  
Signature:  
Date/Time:  
Reason:  
(print name)

To:  
Signature:  
Date/Time:  
Reason:  
(print name)

From:  
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Date/Time:  
Reason:  
(print name)

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Date/Time:  
Reason:  
(print name)

From:  
Signature:  
Date/Time:  
Reason:  
(print name)

To:  
Signature:  
Date/Time:  
Reason:  
(print name)

Witness to Destruction or Release of Evidence to Owner

Item# ________ as listed above was: □ Destroyed  □ Relinquished to ADL  □ Released to: ______________________________

Method of Destruction or Release: _____________________________________________________________

Witness (print name): ____________________ Signature: ____________________ Date/Time of Destruction or Release: __________

Authorizing Faculty Member (print name): ____________________ Signature: ____________________ Date: __________

Effective April 2017

PS Form VFN-11