The Pennsylvania State University – Animal Diagnostic Laboratory Chain of Custody

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hereby ıdividu		pt of the following described item	which was given into my custody l	by the indicated releasing
m Nun	nber	Description		
rom:	(print name)	Signature:	Date/Time:	Reason:
o:	(print name)	Signature:	Date/Time:	Reason:
rom:	(print name)	Signature:	Date/Time:	Reason:
o:	(print name)	Signature:	Date/Time:	Reason:
rom:	(print name)	Signature:	Date/Time:	Reason:
To:	(print name)	Signature:	Date/Time:	Reason:
rom:	(print name)	Signature:	Date/Time:	Reason:
o:	(print name)	Signature:	Date/Time:	Reason:
rom:	(print name)	Signature:	Date/Time:	Reason:
Γ ο:	(print name)	Signature:	Date/Time:	Reason:
From:	(print name)	Signature:	Date/Time:	Reason:
Го:	(print name)	Signature:	Date/Time:	Reason:
Witness	to Destruction or	Release of Evidence to Owner		
			inquished to ADL Released	to:

Effective April 2017 PS Form VFN-11

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