

# The Pennsylvania State University – Animal Diagnostic Laboratory

## Evidence Intake Receipt

Accession #: \_\_\_\_\_

Submitter: \_\_\_\_\_

*I hereby acknowledge receipt of the following described item(s) which was/were given into my custody by the indicated releasing individual.*

Item Number	Description	For Lab Use Only: Disposition
		<input type="checkbox"/> Destroyed <input type="checkbox"/> Returned to Submitter Signature: _____ Date: _____
		<input type="checkbox"/> Destroyed <input type="checkbox"/> Returned to Submitter Signature: _____ Date: _____
		<input type="checkbox"/> Destroyed <input type="checkbox"/> Returned to Submitter Signature: _____ Date: _____
		<input type="checkbox"/> Destroyed <input type="checkbox"/> Returned to Submitter Signature: _____ Date: _____
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		<input type="checkbox"/> Destroyed <input type="checkbox"/> Returned to Submitter Signature: _____ Date: _____
		<input type="checkbox"/> Destroyed <input type="checkbox"/> Returned to Submitter Signature: _____ Date: _____

**Method of Disposition of Evidence**

The bodily remains (item # \_\_\_\_\_) will be stored, destroyed, or released after examination as follows:  Stored for 60 days  
 Destroyed     Released to: \_\_\_\_\_                      **Initials:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

All other items or samples submitted or collected will be stored, destroyed, or released after examination as follows:  Stored for 60 days  
 Destroyed     Released to: \_\_\_\_\_                      **Initials:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

All items not collected within **60 days** of submission will be destroyed or relinquished                      **Initials:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

**From:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_                      **Time:** \_\_\_\_\_  
 (print name)

**To:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_                      **Time:** \_\_\_\_\_  
 (print name)