

**Controlled Substances
Chain of Custody**

Substance: _____ **Quantity:** _____

Relinquished by:

Name (Signature)

Time

Name (Print)

Date

Received by:

Name (Signature)

Time

Name (Print)

Date

Relinquished by:

Name (Signature)

Time

Name (Print)

Date

Received by:

Name (Signature)

Time

Name (Print)

Date

A copy of this form will remain in the possession of each party as part of the record.

Lawrence Berkeley National Laboratory
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