



SOP No: ICLN-Chain of Custody.001.02	Page 1 of 2
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Title: ICLN Sample Chain of Custody Form		
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Revision Date: 01/28/2022	Replaces: v.001.01	Effective: 2006
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Authors/Point(s) of Contact: ICLN Methods Subgroup Email: icln@hq.dhs.gov		
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SAMPLE/EVIDENCE CUSTODY DOCUMENT				NETWORK AFFILIATION	
NAME, AND TITLE OF PERSON FROM WHOM RECEIVED			RECIPIENT/ADDRESS/PHONE#		
CONTACT INFORMATION (Address, Phone Number, Email)			LOCATION FROM WHERE SAMPLE OBTAINED (e.g., Floor, Drain, Greenhouse, etc)		
			PURPOSE/REASON		
			GEOGRAPHICAL LOCATION (Address or GPS coordinates)		DATE/TIME SAMPLED
Item No.	Quantity	Sample ID #	DESCRIPTION OF SAMPLES (soil, swab, tissue, water, food, clinical, etc.) and/or REQUIRED TESTS and SPECIAL CONDITIONS*		
			(If information is missing or unknown, please include N/A (not applicable) for any of the boxes.) *If extra space is needed, please check this box ( <input type="checkbox"/> ) and use an additional sheet.		
			Witness Signature (optional) _____		Date: _____



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CHAIN OF CUSTODY*				
ITEM NO.	DATE/TIME	RELEASED BY	RECEIVED BY	COMMENTS/ TRANSPORTER/ TRACKING NUMBER/ PURPOSE
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	
		SIGNATURE	SIGNATURE	
		NAME, TITLE	NAME, TITLE	

**REMARKS (optional):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINAL DISPOSAL ACTION**

RELEASE TO OWNER OR OTHER (Name/Organization) \_\_\_\_\_  
 DESTROY \_\_\_\_\_  
 OTHER (Specify) \_\_\_\_\_

**FINAL DISPOSAL AUTHORITY**

ITEM(S) \_\_\_\_\_ ON THIS DOCUMENT, PERTAINING TO THE INQUIRY/INVESTIGATION INVOLVING:  
 \_\_\_\_\_ (IS)(ARE) NO LONGER  
 (Grade) (Name) (Organization)  
 REQUIRED AS EVIDENCE AND MAY BE DISPOSED OF AS INDICATED ABOVE. *(If articles must be retained do not sign, but explain in separate correspondence.)*  
 \_\_\_\_\_  
 (Typed/Printed Name, Grade, Title) (Signature) (Date)

**WITNESS TO DESTRUCTION OF EVIDENCE**

THE ARTICLE(S) LISTED AT ITEM NUMBER(S) \_\_\_\_\_ (WAS) (WERE) DESTROYED BY THE EVIDENCE CUSTODIAN IN MY PRESENCE, ON THE DATE INDICATED ABOVE.  
 \_\_\_\_\_  
 (Typed/Printed Name, Grade, Title, Organization) (Signature) (Date)

\*If additional names are needed for chain of custody, please check this box () and use an additional sheet.