



TENNESSEE BUREAU OF INVESTIGATION

Forensic Services Division

Evidence Unit Standard Operating Procedures Manual

Appendix K - Evidence Unit Chain of Custody Form - Toxicology

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Lab Case # _____

Evidence Received: _____

From: _____

By: _____

Date: _____

Time: _____

Blood _____

Urine _____

Other _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

From: _____ To: _____ Date: _____

Evidence scheduled to be destroyed on: _____