



**Australian Registry  
of Wildlife Health**

**Chain of Custody Form**

Sample description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Case No. / Seized Property No. : \_\_\_\_\_

Origin of sample: \_\_\_\_\_

Name of sample collector / agent: \_\_\_\_\_

Address of sample collector / agent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Date collected / seized: \_\_\_\_\_

Collector's Signature: \_\_\_\_\_

**This form must accompany the sample at all times.**

Every person subsequently in possession of the sample must complete a receipt/release box on the back of this form. Take a signed copy of this form for your files when you release the specimen.

Ensure that samples are placed in a properly sealed container and maintained in a locked facility.

Receipt signature: \_\_\_\_\_ Receipt date: \_\_\_\_\_

Print name / agency: \_\_\_\_\_

Release signature: \_\_\_\_\_ Release date: \_\_\_\_\_

Method of transfer to next person: \_\_\_\_\_

Receipt signature: \_\_\_\_\_ Receipt date: \_\_\_\_\_

Print name / agency: \_\_\_\_\_

Release signature: \_\_\_\_\_ Release date: \_\_\_\_\_

Method of transfer to next person: \_\_\_\_\_

Receipt signature: \_\_\_\_\_ Receipt date: \_\_\_\_\_

Print name / agency: \_\_\_\_\_

Release signature: \_\_\_\_\_ Release date: \_\_\_\_\_

Method of transfer to next person: \_\_\_\_\_

Receipt signature: \_\_\_\_\_ Receipt date: \_\_\_\_\_

Print name / agency: \_\_\_\_\_

Release signature: \_\_\_\_\_ Release date: \_\_\_\_\_

Method of transfer to next person: \_\_\_\_\_

Receipt signature: \_\_\_\_\_ Receipt date: \_\_\_\_\_

Print name / agency: \_\_\_\_\_

Release signature: \_\_\_\_\_ Release date: \_\_\_\_\_

Method of transfer to next person: \_\_\_\_\_