



CHAIN OF CUSTODY FORM

TEST AUTHORISED BY
AUTHORISED COLLECTION AGENCY

1. DOPING CONTROL SESSION

DCO NAME	<input type="text"/>	OUT OF COMPETITION <input type="checkbox"/>	IN COMPETITION <input type="checkbox"/>	TEST MISSION CODE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TEST LOCATION	CITY <input type="text"/>	STATE <input type="text"/>	COUNTRY <input type="text"/>	NUMBER OF SAMPLES	<input type="text"/>	<input type="text"/>	URINE	BLOOD	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SPORT	<input type="text"/>	DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TIME SESSION COMPLETED	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. SAMPLE ID

A/B	<input type="text"/>	A/B	<input type="text"/>	A/B	<input type="text"/>
A/B	<input type="text"/>	A/B	<input type="text"/>	A/B	<input type="text"/>
A/B	<input type="text"/>	A/B	<input type="text"/>	A/B	<input type="text"/>
A/B	<input type="text"/>	A/B	<input type="text"/>	A/B	<input type="text"/>
A/B	<input type="text"/>	A/B	<input type="text"/>	A/B	<input type="text"/>

3. TRANSPORTATION AND STORAGE

FROM (LOCATION)	<input type="text"/>	TO (LOCATION)	<input type="text"/>
DATE	<input type="text"/>	ARRIVAL DATE	<input type="text"/>
TIME	<input type="text"/>	ARRIVAL TIME	<input type="text"/>
DCO SIGNATURE	<input type="text"/>	DCO SIGNATURE	<input type="text"/>

TO (LOCATION)	<input type="text"/>	TO (LOCATION)	<input type="text"/>
ARRIVAL DATE	<input type="text"/>	ARRIVAL DATE	<input type="text"/>
ARRIVAL TIME	<input type="text"/>	ARRIVAL TIME	<input type="text"/>
DEPARTURE DATE	<input type="text"/>	DEPARTURE DATE	<input type="text"/>
DEPARTURE TIME	<input type="text"/>	DEPARTURE TIME	<input type="text"/>
DCO SIGNATURE	<input type="text"/>	DCO SIGNATURE	<input type="text"/>

TO (LOCATION)	<input type="text"/>	TO (LOCATION)	<input type="text"/>
ARRIVAL DATE	<input type="text"/>	ARRIVAL DATE	<input type="text"/>
ARRIVAL TIME	<input type="text"/>	ARRIVAL TIME	<input type="text"/>
DEPARTURE DATE	<input type="text"/>	DEPARTURE DATE	<input type="text"/>
DEPARTURE TIME	<input type="text"/>	DEPARTURE TIME	<input type="text"/>
DCO SIGNATURE	<input type="text"/>	DCO SIGNATURE	<input type="text"/>

4. DCO TRANSFER TO LABORATORY, COURIER OR OTHER

DCO NAME	<input type="text"/>	DATE	<input type="text"/>	DROP-OFF TIME	<input type="text"/>
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IF TRANSFERRED TO LABORATORY	LAB REP NAME <input type="text"/>	LAB REP POSITION <input type="text"/>	LAB REP SIGNATURE <input type="text"/>
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IF TRANSFERRED TO COURIER	COMPANY NAME <input type="text"/>	WAYBILL NUMBER <input type="text"/>	COURIER SIGNATURE <input type="text"/>
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IF TRANSFERRED TO OTHER	OTHER NAME <input type="text"/>	OTHER POSITION <input type="text"/>	OTHER SIGNATURE <input type="text"/>
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