

Imprint Patient's Name

Chain of Custody Sexual Assault

Examples of Distribution: "Secured in Safe", "Secured in Refrigerator",
"Gave to Office John Smith", "Transferred Media to CD"

Mount Nittany Medical Center
State College, PA 16803-6797

Please complete this form for each time an item requiring chain of custody is transferred or distributed (stored or secured). This "running" document accompanies the item of evidence at each step of processing the evidence. This document stays with the item or evidence, even after the custody is turned over to the police (or until the evidence is destroyed). Complete Chain of Custody form per each individual item of evidence.

Name of Collector of Evidence: _____ Date: _____ Time: _____
Describe item: _____
Describe distribution of Evidence by Collector: _____
Date: _____ Time: _____ Initials of Collector: _____
Received by: _____ Date: _____ Time: _____

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ED-014