

Evidentiary Specimen Law Enforcement Release Form

Patient Name (please print): _____

Specimen Number: _____

Specimen Type: _____

Date and Time Released: _____

Released by:
(Print Name): _____

Signature: _____ Date: _____ Time: _____

Officer:
(Print Name): _____

Signature: _____ Date: _____ Time: _____

Name of Law Enforcement Agency: _____

Office Badge Number: _____

Law Enforcement takes complete responsibility for the specimen:

Signature: _____ Date: _____ Time: _____