



DO NOT LABEL WITH ANY PATIENT IDENTIFIERS

Suspected Illicit Substance Transfer Form

Date Discovered:	Bag Identity Number*:
Description of Suspected Illicit Substance:	
Form:	Color:
Approx. Quantity:	
Other:	
Found or Removed by:	
Name(print): _____	Witness Name (print): _____
Title/Department: _____	Title/Department: _____
Signature: _____	Signature: _____
Date/Time: _____	Location: _____
Transfer (if applicable):	
Transferred By: _____	Received By: _____
Title/Department: _____	Title/Department: _____
Signature: _____	Signature: _____
Date/Time: _____	Location: _____
Transfer to Pharmacy:	
Transferred By: _____	Received By: _____
Title/Department: _____	Title/Department: _____
Signature: _____	Signature: _____
Date/Time: _____	Location: _____
Transfer to Police:	
Transferred By: _____	Received By: _____
Title/Department: _____	Title/Department: _____
Signature: _____	Signature: _____
Date/Time: _____	Location: _____

The original copy of this form must accompany the bag at all times. Each time the bag is transferred, copies of this form should be made and provided to each the person transferring and receiving the bag containing the Suspected Illicit Substance.

- Seal the suspected illicit substance in a tamper-evident bag
- Do not label the sealed bag or this form with any information that could identify the patient
- * Same as the date with a series number (i.e. 05JUN2015 - 1 of 1) - Refer to Policy CLI.6010.PL.024 Handling of Suspected Illicit Substance for further details
- **PLEASE PRINT**