



NORTHEASTERN ILLINOIS REGIONAL CRIME  
LABORATORY

**DRUG DESTRUCTION INVENTORY FORM**

**AGENCY:** \_\_\_\_\_

- EVIDENCE SUBMITTED ON THIS FORM WILL BE DESTROYED WITHOUT ANALYSIS

Container No.	Sealed by Agency?	Description / Type of Evidence	R	D

Prepared By:	ID #:	Date:
Verified By:	ID #:	Date:
Delivered By:	ID #:	Date:

----- **FOR LABORATORY USE ONLY** -----

Received By:	Date:
Destroyed By:	Date:
Witnessed By:	