

1. STORAGE LOCATION		2. NAME OF PRODUCT				3. SAMPLE NO.	
A.	C.	4. NAME AND ADDRESS OF RESPONSIBLE FIRM				<input type="checkbox"/> CR _x /DEA SPL <input type="checkbox"/> SPLIT SAMPLE	
B.	D.						
5. DATE SAMPLE RECEIVED		6A. BY WHOM RECEIVED			6B. DIST/DIV	7. DATE RECORDS REC'D	
METHOD OF SHIPMENT	A. PERSONALLY FROM			C. SHIPPED FROM			
	B. VIA <input type="checkbox"/> PP <input type="checkbox"/> BUS <input type="checkbox"/> FREIGHT <input type="checkbox"/> AIR			D. B/L NO.			
DESCRIPTION OF SHIPMENT	A. SHIPPING CONTAINERS	NUMBER	TYPE			CONDITION	
	B. SAMPLE PACKAGES	NUMBER	SIZE, TYPE, ETC.			CONDITION	
	C. SEAL INSCRIPTION	COPY IN FULL			CONDITION		
10. SAMPLE DELIVERY				11. SAMPLE RETURNED			
DATE	AMOUNT	FROM	TO	DATE	AMOUNT	TO	FROM
12. SAMPLE DISPOSITION	A. DATE SDN	B. DATE DESTROYED	C. DESTRUCTION METHOD		D. AMOUNT DESTROYED	E. BY WHOM	F. REASON

FORM FDA 421 (7/03) (2 PART)

Continue on reverse; also record on
reverse details for which space is lacking above

SAMPLE ACCOUNTABILITY RECORD

SAMPLE NO.

Hold sample until _____

1. **NAI by home district.**
2. **NAI by examining laboratory (30-day grace period expired).**
3. **Legal or other action closed. (*Describe*)**