

**Controlled Substance Unit Discrepancy Record**

Lab Case #: \_\_\_\_\_

Date: \_\_\_\_\_

**Discrepancy Information**

Description of Discrepancy:

Analyst: \_\_\_\_\_

Witness: \_\_\_\_\_

**Submitting Agency Information**

Agency Case #: \_\_\_\_\_ Submitting Agency: \_\_\_\_\_

Officer/SA Requesting Analysis: \_\_\_\_\_

Contacted: ☐ Phone ☐ E-mail (uploaded to LIMS) ☐ See LIMS for additional informationAccepted Discrepancy: ☐ Yes ☐ No (explain below) ☐ N/A\*

\* Acceptance is not required if the quantity is found to be more than what was listed.