# EVIDENCE SUBMITTAL FORM

**AND EXAMINATION REQUEST**

**Agency Case #:**

**Case Officer:** (Name & Badge #)

**Lab Case #:**

**Evidence Submitted by:** (Name & Badge #)

**Date:**

**Rec'd in Lab:** (Date/By)

**Logged In:** (Date/By)

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**Agency Code:**

**Agency Name, Address:**

**Suspect Name(s):**

**Case Assigned**

**To:**

- CRIMINALISTICS
- MORPHOLOGY
- SEROLOGY
- TECHNICAL SUPPORT
- EVIDENCE & PROPERTY

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**Item # or Item Description:**

**Evid. Tag #:** Use entire block to describe 1 tagged item or the contents of one tagged package

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<th>Item #</th>
<th>Description</th>
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**LAB#:**

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**Additional Items Listed on back?**

- yes
- no

**For additional information, contact:**

- Case Officer
- Submitting Officer
- Phone: ( )

**Return Evidence To:**

- Agency Address listed above
- Other: See Special Instructions

**Additional Instructions on back?**

- yes
- no

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**Special Examination or Shipping Instructions:**

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