



Lab Case #
For Laboratory Use Only

Laboratory Submission Form

Agency Case Number _____

Offense _____

Date of Offense _____

County of Offense _____

Submitting Official:

Send report to:

Name _____

Agency _____

Signature _____

Official _____

Phone _____

Mailing _____

Email Address _____

Address _____

Suspect	Victim	Name (First Middle Last)	Race	Sex	Age
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				

Please Note: All negative arson samples will be destroyed unless otherwise indicated

Please check and initial here _____ if evidence needs to be returned regardless of results.

Description of Evidence Submitted

	Item #	Description of Evidence	Origin	Exam Requested
1.				
2.				
3.				
4.				
5.				

Have any items in this case been previously submitted to the Forensic Arson Laboratory? Yes Case # AL - ___ - ___

Was a SFMO K-9 used to identify any exhibits? Yes No Which K-9? _____ Which exhibits? _____

Include any pertinent information: