Texas Department of Insurance

State Fire Marshal's Office – Forensic Arson Laboratory

Shipping Address: 7915 Cameron Rd, Austin, TX 78754-3803
Laboratory Telephone (512) 676-6801 Fax (512) 490-1055
www.tdi.texas.gov/fire/fmlab.html

Lab Case #

For Laboratory Use Only.

Laboratory Submission Form

Agency Case Number _____

Offense _____

Date of Offense _____

County of Offense _____

Submitting Official:

Name _____

Phone _____

Email Address _____

Signature** _____

Send Report to:

Agency _____

Name on Report _____

Mailing Address _____

☐ **Check here if you would like report sent via email.** (Please note your email above.) If this option is selected, report will not be sent via standard mail.

Suspect	Victim	Name (First Middle Last)
☐	☐	
☐	☐	
☐	☐	
☐	☐	

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:

**By signing this document, I certify that I have thoroughly read this form and understand its contents. I officially release the above listed items to the Forensic Arson Laboratory with the knowledge that the evidence is subject to lab protocols.