



HARRIS COUNTY
INSTITUTE
OF FORENSIC SCIENCES

**EVIDENCE
SUBMISSION
FORM**

OFFENSE

REPORT #: _____ **ML/OC #:** _____

Has prior evidence been submitted on this case? Yes No

SUBMITTED TO LABORATORY: _____ / _____ / _____ **Date** _____ **Time Submitted** _____ **Submitter** _____

Offense Type: _____ **Offense Date:** _____ / _____ / _____ **Case Officer:** _____

Agency: _____ **Agency Address:** _____

City: _____ **County:** _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

COMPLAINANT	SUSPECT	OTHER	(Last Name, First, MI)	_____/_____/_____ DOB	_____ SEX
COMPLAINANT	SUSPECT	OTHER	(Last Name, First, MI)	_____/_____/_____ DOB	_____ SEX
COMPLAINANT	SUSPECT	OTHER	(Last Name, First, MI)	_____/_____/_____ DOB	_____ SEX

OUTSIDE EVIDENCE CONTAINER(S) Plastic Bag Paper Bag Box Tube Envelope Other _____

ITEM #	QTY	DESCRIPTION OF EVIDENCE	TYPE OF ANALYSIS: as appropriate	<input checked="" type="checkbox"/>
			Drug Chemistry	<input type="checkbox"/>
			Toxicology	<input type="checkbox"/>
			Trace - Gunshot Residue	<input type="checkbox"/>
			Trace - Fire Debris	<input type="checkbox"/>
			Trace - Paint Analysis	<input type="checkbox"/>
			Firearms	<input type="checkbox"/>
			Serology / DNA*	<input type="checkbox"/>

*If requesting DNA analysis, is Latent Print analysis: Completed Not Required Unknown

DO NOT WRITE BELOW THIS LINE - LABORATORY USE ONLY.

DROP BOX	SEALED BY:	SUBMITTING AGENCY	OTHER:
REFRIGERATOR		LABORATORY	COMMENTS:
HAND DELIVERED			
DATE/TIME RECEIVED: _____		RECEIVED BY: _____	
DATE/TIME RELEASED: _____		BY: _____	RELEASED TO: _____
DATE/TIME RELEASED: _____		BY: _____	RELEASED TO: _____

**THIS EVIDENCE IS BEING SUBMITTED IN CONNECTION WITH A CRIMINAL INVESTIGATION
AND HAS NOT BEEN EXAMINED BY ANOTHER LABORATORY.**

Evidence Submission Form | 1861 Old Spanish Trail | Houston, TX 77054 | 832-927-5004 | 832-927-5289