



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