BEXAR COUNTY CRIMINAL INVESTIGATION LABORATORY

(Tel.) 210-335-4112 **Evidence Submission Form** (Fax) 210-335-4101

Agency #: _____ Official Laboratory Use Only CIL #:_____

Agency Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Investigating Officer: _____ Phone: _____ E-mail/Fax: _____

Offense: _____ Date of Offense: _____

Name:	Assoc.	DOB:	Sex:	Race:	ID#:
Name:	Assoc.	DOB:	Sex:	Race:	ID#:
Name:	Assoc.	DOB:	Sex:	Race:	ID#:
Name:	Assoc.	DOB:	Sex:	Race:	ID#:

Package(s) Description:

List the types of containers (manila envelope, paper bag, box, etc.)

Container(s) #:

Official Laboratory Use Only

Evidence Description:

List and describe in detail the actual items that are being submitted

(Use Additional Submission Forms As Necessary)

Request:

Briefly describe the laboratory examination(s) requested.

Official Laboratory Use Only

Requests Created: ☐ *Serology/DNA*_____ ☐ *Drug ID*_____ ☐ *Firearms*_____ ☐ *Trace*_____

I hereby authorize the Bexar County Crime Laboratory to evaluate and/or analyze the submitted evidence using its standard operating procedures and accept the simplified report format as described on the Bexar County Crime Laboratory's website.

Submitted By:_____ (Print) _____ (Signature) Date:_____

Received By:_____ (Print) _____ (Signature) Date:_____

Released By:_____ (Print) _____ (Signature) Date:_____

Released To:_____ (Print) _____ (Signature) Date:_____