

LAKE COUNTY CRIME LABORATORY



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LCCL CASE LABEL HERE



An ASCLD/LAB-*International* Accredited Facility since 2009
 An ASCLD/LAB- Legacy Accredited Facility from 2000-2009

EVIDENCE SUBMISSION FORM

NEW CASE EXISTING CASE PRIORITY

CASE NAME _____
 (Suspect, Victim, Location) Male Female

SUBMITTING AGENCY _____ **AGENCY CASE #** _____

INVESTIGATOR _____ **PHONE** _____

ANALYSIS REQUESTED (PLEASE SELECT)

REQUESTS MARKED *OTHER* MUST BE EXPLAINED IN SYNOPSIS

<p>CONTROLLED SUBSTANCES</p> <p><input type="checkbox"/> DRUG ID <input type="checkbox"/> BEVERAGE <input type="checkbox"/> CLAN LAB <input type="checkbox"/> OTHER</p>	<p>DNA</p> <p><input type="checkbox"/> BLOOD <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> SEMEN <input type="checkbox"/> SALIVA <input type="checkbox"/> STANDARDS <input type="checkbox"/> OTHER</p>	<p>FINGERPRINTS</p> <p><input type="checkbox"/> PROCESS FOR LATENTS <input type="checkbox"/> LATENT PRINT EVALUATION <input type="checkbox"/> FP COMPARISON <input type="checkbox"/> AFIS <input type="checkbox"/> OTHER</p>	<p>FIREARMS</p> <p><input type="checkbox"/> FIREARMS OPERABILITY <input type="checkbox"/> SERIAL NUMBER RESTORATION <input type="checkbox"/> BULLET/CARTRIDGE CASE COMPARISON <input type="checkbox"/> NIBIN <input type="checkbox"/> OTHER</p>	<p>TOXICOLOGY</p> <p><input type="checkbox"/> CORONER CASE <input type="checkbox"/> OVI <input type="checkbox"/> PROBATION <input type="checkbox"/> DFSA <input type="checkbox"/> OTHER</p>	<p>TRACE</p> <p><input type="checkbox"/> HAIR <input type="checkbox"/> FIBER <input type="checkbox"/> PAINT <input type="checkbox"/> GLASS <input type="checkbox"/> TOOLMARKS <input type="checkbox"/> FOOTWEAR <input type="checkbox"/> FIRE DEBRIS <input type="checkbox"/> EXPLOSIVE DEBRIS <input type="checkbox"/> STANDARD <input type="checkbox"/> OTHER</p>
<p>DOCUMENTS</p> <p><input type="checkbox"/> HANDWRITING <input type="checkbox"/> OTHER</p>					

LCCL ITEM #	AGENCY ITEM #	DESCRIPTION OF EVIDENCE **** PLEASE INDICATE IF RE-SUBMITTING EVIDENCE ****

CASE SYNOPSIS (SUPPLEMENTAL INFORMATION): _____ AGENCY REPORT ATTACHED

THE UNDERSIGNED AGREES THAT LCCL SCIENTISTS WILL USE THEIR EXPERTISE IN DETERMINING APPROPRIATE FORENSIC TESTING ON THIS CASE.

SUBMITTER SIGNATURE:	DATE:	REQUESTS REVIEWED AND EVIDENCE RECEIVED BY: