



# Cuyahoga County Regional Forensic Science Laboratory Courier Evidence Transfer Form

**Submitting Agency:** \_\_\_\_\_

<u>Bag #</u>	<u>Seal #</u>	<u>Evidence Information/Description</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Ssealed Bag

**Submitted by:**

(Agency/PD Representative)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Via Courier/  
Transporting Officer:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Receipt Date & Time:** \_\_\_\_\_

Ssealed Bag

**Received by:**

(CCRFSL Representative)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

**Receipt Date & Time:** \_\_\_\_\_

**For CCRFSL Use Only:**

**Was the bag properly sealed?**       Yes       No      **If not, sealed by:** \_\_\_\_\_

**Stored in/  
Transferred to:** \_\_\_\_\_ **by** \_\_\_\_\_ **on** \_\_\_\_\_ **@** \_\_\_\_\_ **am / pm**

**Retrieved from/  
Recd. by:** \_\_\_\_\_ **by** \_\_\_\_\_ **on** \_\_\_\_\_ **@** \_\_\_\_\_ **am / pm**