



Cuyahoga County Regional Forensic Science Laboratory

Evidence Submission Sheet

This form must be completed for all cases except for those requiring only Drug Testing

CCRFSL Case Number:
Agency Case Number:

Note: No DNA, Drug or Fingerprint testing will be performed on 'Property Found'.

NEW CASE	ADD'L EVI.	Submission Date	Submitting Agency:			Submitting Officer				
Offense:		Offense Date	Investigating Officer/Contact Person:			Phone Number/Email (Required):				
Name:		Victim	Suspect	D.O.B.	Name:		Victim	Suspect	Other	D.O.B.

Requested Testing: (Note: CCRFSL may refuse any testing considered unsuitable/unacceptable as per CCRFSL Evidence Submission Policies)

List Item Numbers ↓ (Check Appropriate Testing→)	DNA	Finger prints	Drug Chem.	Trace	GSR	Firearm Comparison	NIBIN Entry	Test Firing	Serial # Restor.

Please specify your comparison requests (What items need to be compared):

Information Required for Firearms Testing:

1. Firearm submitted with comparison request? (Required)	Yes	No		
2. Are the submitted cartridge casing(s) evidence or test fire(s)?	Evidence	Test Fire(s) (Provide the firearm information below):		
Item # (Casings)	Firearms Make	Model	SN	Caliber

Information Required for DNA and/or Fingerprints:

1. Was the evidence item(s) collected from the suspect's person or in suspect's possession when collected by law enforcement?	Yes	No
2. Could the DNA or Fingerprints on the evidence be from an individual who is not a suspect? (e.g. police officer collecting the evidence/ witness/ victim/ victim's partner who is not a suspect)	Yes	No
If yes, have elimination Fingerprints and DNA standards submitted?	Yes	No



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Information Required for Non-Sexual Assault DNA Testing: (For sexual assaults, please complete the 'DNA Sexual Assault Ev. Sub. Checklist')

1. Has the permission to consume the touch DNA evidence been submitted? Yes No See Info below
(Testing will not start until the permission to consume is received for all touch DNA evidence.)

Consumption Permission to be granted by: _____

2. Any weapon used? Yes No If yes, explain: _____

3. Was anyone bleeding? Victim Subject Other (explain): _____ N/A

4. Victim's relationship to subject: _____

5. Have the victim and subject had prior physical contact? Yes No Unknown

If yes, explain: _____

6. Did the victim/subject have prior contact with the crime scene? Victim: Yes No Unknown

Subject: Yes No Unknown

7. Location where the victim was found: _____

8. Approximate time length between the assault/crime and discovery of the victim/evidence: _____

9. If suspect's clothing is submitted, was it worn during the alleged offense? Yes No N/A

10. Suspect's standard submitted? Yes No

11. Were the evidence items collected at or near the crime scene? Yes- Item(s)#: _____ No- Item(s)#: _____

If no, provide location and relationship of these items to the crime below:

12. Please attach or write a short summary of the crime clearly mentioning the connection of the evidence items to the crime.

Information provided by:

_____ Agency Representative

_____ Date