

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:

By submitting evidence to CCRFSL, the agency agrees to the use of a simplified report. The simplified report does not contain the laboratory activity dates; these dates are maintained in laboratory case records.

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

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

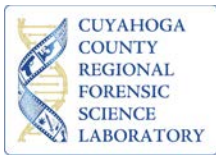
1. Are the submitted cartridge cases from an external test fire for NIBIN entry only? Yes No				
Complete the firearm information below ONLY if you answered 'yes' above. Otherwise, leave this section blank.				
Item # (Casings)	Firearms Make	Model	SN	Caliber

Information Required for DNA, Fingerprints and/or Trace Evidence Requests:

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
3. Is a video of the incident available upon request?	Yes	No

Requester/Submitter:

Date:



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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? (Testing will not start until the permission to consume is received for all touch DNA evidence.)	Yes	No	See Info below	
Consumption Permission to be granted by: (Permission must be granted by the Submitting Agency or Prosecutor-Specify Name) _____				
2. Is the laboratory authorized to use the suspect's DNA profile for future comparisons with evidence submitted in other cases?	Yes	No	See Info below	
Authorization to be provided by: (Authorization must be provided by the Submitting Agency- Specify Name) _____				
3. Any weapon used?	Yes	No	If yes, explain: _____	
4. Was anyone bleeding?	Victim	Subject	Other (explain): _____ N/A	
5. Victim's relationship to subject: _____				
6. Did the victim and subject have physical contact during the incident?	Yes	No	Unknown	
If yes, explain: _____				
7. Did the victim/subject have prior contact with the crime scene?	Victim:	Yes	No	Unknown
	Subject:	Yes	No	Unknown
8. Location where the victim was found: _____				
9. Approximate time length between the assault/crime and discovery of the victim/evidence: _____				
10. If suspect's clothing is submitted, was it worn during the alleged offense?		Yes	No	N/A
11. Suspect's standard submitted?	Yes	No		
12. 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: _____ _____				
13. Please attach or write a short summary of the crime <u>clearly mentioning</u> the connection of the evidence items to the crime.				

Information provided by:	Agency Representative: _____	Date: _____
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