

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): Email: _____ Phone: _____				Offense:			Offense Date		
Individual: ☐ Victim ☐ Suspect ☐ Other		D.O.B.		Individual: ☐ 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.
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
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☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
Please specify your comparison requests (What items need to be compared):									

Information Required for Firearms Testing:

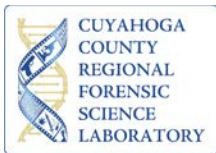
1. Are the submitted cartridge cases from an external test fire for NIBIN entry only? ☐ Yes ☐ No				
Complete the firearm information below ONLY if you answered 'yes' above. Otherwise, leave this section blank.				
Item # (Casings)	Firearms Make	Model	SN	Caliber

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? ☐ 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:

(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 clearly mentioning the connection of the evidence items to the crime.

Information provided by:

Agency

Representative: _____

Date: _____