



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Laboratory Submission Form

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- New Additional Resubmission
 Corrected Copy

Agency _____
Agency Case # _____
Offense _____
Offense Date _____
Offense County _____

Date Resubmitted _____

DPS Laboratory Use Only
DPS Lab Case #/Date Evidence Received

Drop Box Mail/Certified Other _____

Printed Name _____ Agency _____
Signature _____ Date _____

Case Contact Person Information

Title/Full Name _____ Badge Number _____
Physical Address _____ Phone _____ Fax _____
City, State, Zip _____ Email _____

Individual (S=Suspect, V=Victim, E=Elimination)

| S / V / E | Name (Last, First, Middle) | Sex | Race | DOB | State | Driver License # | State ID # |
|-----------|----------------------------|-----|------|-----|-------|------------------|------------|
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Description of Evidence Submitted (Attach Brief Synopsis/Offense Report For All Cases Except Drug/Blood Alcohol Cases)

| Agency Item # | # of Items | Description of Evidence <i>Please indicate if item is Probable Cause</i> | Source | Type of Exam(s) Requested |
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