



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

**Non-Reported Sexual Assault Evidence
Laboratory Submission Form**

LAB-205 Rev.01a (04/2023) p.1 Issued by: SQM

****PLEASE TYPE INFORMATION****

Submitting Information

Name _____
Title _____
Facility _____
Mailing Address _____
City, State, Zip _____
Phone _____
Email _____

Assault Information

Date of Assault _____
County of Assault _____
Survivor Unique Identifier _____
Sex _____ Date of Birth _____

Evidence Information

Collection Date _____
Collection Time _____
Evidence Items Collected:

- Sexual Assault Evidence Collection Kit (may NOT contain blood or urine samples)
- Survivor Reference Buccal Swab (may be contained within the sexual assault evidence collection kit)
- Survivor Clothing

List clothing items collected:

Instructions for Submission

- Package all collected evidence items into a single properly sealed evidence box.
- Complete this form.
- Ensure the survivor's unique identifier is clearly marked on all evidence packages and forms.
- Seal form (LAB-205) in an envelope and attach to the exterior of the evidence box.
- Ship the sealed evidence box to:

Texas DPS Bio-Warehouse
12230 West Road, Building C
Houston, Texas 77065

DPS Laboratory Use Only
DPS Laboratory Case # _____

Submission Method In Person Drop Box Mail/Certified
 Other _____

Printed Name _____ Agency _____
Signature _____ Date _____