



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

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

LAB-205 Rev.01b (12/2024) 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

Submission Method ☐ In Person ☐ Drop Box ☐ Mail/Certified

☐ FedEx ☐ UPS Other: _____

DPS Laboratory Use Only

DPS Laboratory Case # _____

Complete the following for in person submissions only:

Printed Name (of submitting individual) _____

Agency _____

Signature _____

Submission Date _____