TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Gunshot Residue Kit Information Form

LAB-211 Rev.02 (10/2026) p.1 Issued by: QD

Complete all information requested and submit white copy with a LAB-201, return yellow copy to kit, and retain pink copy.

Collecting Officer _____ **Phone** _____

Agency _____ **Agency Case Number** _____

Offense ☐ Homicide ☐ Suicide ☐ Assault ☐ Drive-by ☐ Other _____

Individual (S = Suspect, V = Victim) Information

S / V	Name (Last, First, Middle, Suffix)	DOB

Subject is: ☐ Right-handed ☐ Left-handed ☐ Unknown

Was subject shot? ☐ YES ☐ NO

Any debris and/or suspected blood on subject's hands? ☐ YES ☐ NO

Has subject washed their hands since shooting? ☐ YES ☐ NO ☐ Unknown

Was the subject in possession of a firearm when detained? ☐ YES ☐ NO

Did the subject admit to discharging a firearm? ☐ YES ☐ NO

Subject's Occupation (if known): _____

Subject's Hobbies (if known):

Brief description of subject's activity between the time of the shooting and the time of the GSR collection:

Shooting Incident Information

Date and time shooting occurred: Date _____ Time _____ ☐ AM ☐ PM

Date and time of evidence collection: Date _____ Time _____ ☐ AM ☐ PM

Shooting location (e.g., kitchen, parking lot, indoors, outdoors): _____

Type of firearm used: _____

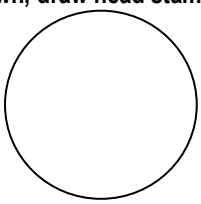
Firearm caliber: _____

Ammunition manufacturer*: _____

Ammunition caliber: _____

Number of shots fired: _____

***Note: If ammunition manufacturer is unknown, draw head stamp here:**



Base of Cartridge

Collecting Officer: _____ _____ _____ ☐ AM ☐ PM

Signature Date Time

White Copy – Submit with LAB-201 **Yellow Copy – Place Inside GSR Kit** **Pink Copy – Retain**