



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Gunshot Residue (GSR) Kit Information Form

LAB-211 Rev.00a (09/2019) p.1 Issued by: SQM

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 _____ Fax _____

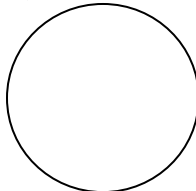
Agency Case Number _____

Offense Homicide Suicide Assault Drive-by Other _____

Individual (S = Suspect, V = Victim) Information

S / V	Name (Last, First, Middle, Suffix)	DOB
Subject is: <input type="checkbox"/> Right-handed <input type="checkbox"/> Left-handed <input type="checkbox"/> Unknown Was subject shot? <input type="checkbox"/> YES <input type="checkbox"/> NO Any debris and/or suspected blood on subject's hands? <input type="checkbox"/> YES <input type="checkbox"/> NO Has subject washed their hands since shooting? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown Was the subject in possession of a firearm when detained? <input type="checkbox"/> YES <input type="checkbox"/> 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 _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Date and time of evidence collection:	Date _____	Time _____	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Shooting location (e.g., kitchen, parking lot, indoors, outdoors): _____				
Type of firearm used:	_____			<p>*Note: If ammunition manufacturer is unknown, draw head stamp here:</p>  <p>Base of Cartridge</p>
Firearm caliber:	_____			
Ammunition manufacturer*:	_____			
Ammunition caliber:	_____			
Number of shots fired:	_____			
Collecting Officer:	_____	_____	_____	
	Signature	Date	Time	

White Copy – Submit with LAB-201

Yellow Copy – Place Inside GSR Kit

Pink Copy – Retain