TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

# Biological Evidence Storage Form

LAB-204 Rev.01b (12/2024) p.1 Issued by: SQM

****PLEASE TYPE INFORMATION****

☐ New Service Request
☐ Additional Evidence ☐ Resubmission ☐ Corrected Copy

**DPS Lab Case # (if known)** _____

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 Date

***Submission Information***

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

***Agency Contact Information***

**Title / Badge #** _____
**Full Name** _____
**Agency Address** _____ **City, State, Zip** _____
☐ ***Mark if new address***
**Business Email** _____ **Phone** _____ **Fax** _____

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

| Name (Last, First, Middle, Suffix) | S / V / E | Race | Sex | DOB | State | Driver License # | ID Card # |
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***Conviction Information***

| Cause # | Court Name and Location | Court # | Date of Conviction | Sentence / Judgement |
|---|---|---|---|---|
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***Description of Evidence Submitted***

| Agency Item # | Brief Description of Evidence | Quantity |
|---|---|---|
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