



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 \_\_\_\_\_