TEX	AS DEPARTMENT CRIME LAB	OF PUBLIC SAFETY ORATORY		Subi	mission M	lethod	☐ In Person☐ Other	☐ Drop	Box ☐ Ma	il/Certified
Seiz	Submissi LAB-217 Rev.00 (05/202	3) p.2 Issued by: SQM)		D/	20.1	0 0 0 110	40	llaa O	
Additional Evide	_	ission			Di	'3 L		oratory Case	Use Oi	nıy
DPS Lab Case # (if	f known)			-i						
Offense Date	18OD – Overdose (de	eath or serious bodily inju	• /	 Com	plete the	e following	for in person	submissions o	nly:	
Offense County _				Printe	d Name (of	submitting ind	lividual)	Age	ncy	į
Full Name Agency Address					<u> </u>					
Business Email	_	S			Pho	ne		Fax		
-		stribution:						I WA		
Case Agent (if diff Title / Badge # Full Name Business Email		ing Agent)			 Pho	ne		Fax		
Prosecutor has rev	iewed this evidence?	Seeking Federal or State	prosecu	ution?	Has a d	efendant b	peen indicted?	Date testing	must be comple	ete (if known)
									<u> </u>	
Individual (S = Sus	spect. V = Victim)					_				
Name (Last, First, M			S/V	Race	Sex	DOI	B Fa	tality?		
List any suspected	d drugs:									
Description of Evid	dence Submitted	Note: All weigh	nts must i	nclude p	ackaging	ı; estimate l	large quantities	using weight	2 nd pag	ge not used 🗌
Agency Brief Description of Evidence					Evidence Type		So	urce	Weight	Quantity

PLEASE REVIEW ALL INFORMATION FOR ACCURACY PRIOR TO SUBMISSION



TEXAS DEPARTMENT OF PUBLIC SAFETY CRIME LABORATORY

Seized Drugs Overdose Case Submission Form

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DPS Laboratory Use Only
DPS Laboratory Case # / Date Evidence Received

PLEASE TYPE INFORMATION

Agency Item #	Brief Description of Evidence	Evidence Type	Source	Weight	Quantity

PLEASE REVIEW ALL INFORMATION FOR ACCURACY PRIOR TO SUBMISSION