



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Biological Evidence Storage Form

LAB-204 Rev. 00b (9/3/2019) p. 1 Issued by: SQM

****PLEASE TYPE INFORMATION****

- New Service Request
 Additional Evidence Resubmission Corrected Copy

DPS Lab Case # (if known) _____

Submission Information

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

Original Submission Date (If Resubmitted) _____
 Submission Method In Person Drop Box Mail/Certified
 Other _____

Agency Contact Information

Title / Badge # _____
 Full Name _____
 Agency Address _____
 Business Email _____

Printed Name _____ Agency _____
 Signature _____ Date _____
 City, State, Zip _____
 Phone _____ Fax _____

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

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

Conviction Information

Cause #	Court Name and Location	Court #	Date of Conviction	Sentence / Judgement

Description of Evidence Submitted

Agency Item #	Brief Description of Evidence	Quantity

PLEASE REVIEW ALL INFORMATION FOR ACCURACY PRIOR TO SUBMISSION

This form is a proposed contract for services in accordance with Texas Department of Public Safety Crime Laboratory Service policies. Applicable policies are communicated in the Crime Laboratory Service Manual and the excerpted Laboratory Customer Handbook available on the DPS website (<http://www.dps.texas.gov/CrimeLaboratory/Pubs.htm>). By completing and submitting this form, the submitting customer releases the listed items to the Laboratory and acknowledges that the items are subject to Laboratory protocols, deviations, and procedures.

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