|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***DPS Laboratory Use Only***  DPS Laboratory Case # | | | | |
|  | |  | | |
| Submission Method  In Person  Drop Box  Mail/Certified | | | | |
| Other |  | | |
|  | | |  | |
| Printed Name | | | Agency | |
|  | | |  | |
| Signature | | | Date | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *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