|  |
| --- |
| ***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