



Cuyahoga County Regional Forensic Science Laboratory EVIDENCE SUBMISSION FORM

CCRFSL Case#: _____ CCMEO Case#: _____ Agency/PD Case #: _____

Victim / Suspect's Name: _____ Case Type: _____
(Circle one)

Lab Item #	Agency/ PD Item #	Description	Test Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____

Number of 'Evidence Submission Supplemental Sheets' attached with this form: _____

NOTE: The COC information in this form applies to all evidence submission supplemental sheets attached with this form.

Comments/Special Request:

Submitted by: (Name) _____ (Signature): _____
Agency/PD: _____ Contact Person: _____
Phone#: _____ Email: _____

For CCRFSL Use Only:

Was all evidence properly sealed? Yes No If not, sealed by: _____

Received by: (Name) _____ (Signature/Initials): _____

Receipt Date & Time: _____ @ _____ AM / PM (Circle one)