



# Cuyahoga County Regional Forensic Science Laboratory

## EVIDENCE SUBMISSION SUPPLEMENTAL SHEET

CCRFSL  
Case#: \_\_\_\_\_

CCMEO  
Case#: \_\_\_\_\_

Agency/PD  
Case #: \_\_\_\_\_

Lab Item #	Agency/ PD Item #	Description	Test Requested
_____	_____	_____	_____
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**NOTE:** See complete COC information on Evidence Submission Form (page 1).

**Submitter:** \_\_\_\_\_  
(Sign/Date)

**Recipient:** \_\_\_\_\_  
(Initial/Date)