CUYAHOGA COUNTY CORONER'S OFFICE
FORENSIC LABORATORIES
Evidence Submission Form

Lab Case#: _____ **CCCO Case#:** _____ **Agency/PD Case #:** _____

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

Lab Item #	Agency/ PD Item #	Description	Test Requested

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 Lab 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)

CUYAHOGA COUNTY CORONER'S OFFICE
FORENSIC LABORATORIES
Evidence Submission Supplemental Sheet

Lab Case#: _____ **CCCO Case#:** _____ **Agency/PD Case #:** _____

Lab Item #	Agency/ PD Item #	Description	Test Requested

NOTE: *See complete COC information on Evidence Submission Form (page 1).*

Submitter:_____
(Sign/Date)

Recipient:_____
(Initial/Date)