



Cuyahoga County Regional Forensic Science Laboratory

Courier Evidence Transfer Form

Submitting Agency: _____

Bag #	Seal #	Evidence Information/Description

Ssealed Bag

Submitted by:

(Agency/PD Representative)

Name

Signature

**Via Courier/
Transporting Officer:**

Name

Signature

Receipt Date & Time: _____

Ssealed Bag

Received by:

(CCRFSL Representative)

Name

Signature

Receipt Date & Time: _____

For CCRFSL Use Only:

Was the bag properly sealed? Yes No **If not, sealed by:** _____

**Stored in/
Transferred to:** _____ **by** _____ **on** _____ **@** _____ **am / pm**

**Retrieved from/
Recd. by:** _____ **by** _____ **on** _____ **@** _____ **am / pm**