



Cuyahoga County Regional Forensic Science Laboratory

Evidence Submission Sheet

This form must be completed for all cases except for those requiring **only** Drug Testing and/or Test Firing of Firearms.

CCRFSL Case Number:
Agency Case Number:

Note: No DNA, Drug or Fingerprint testing will be performed on 'Property Found'.

NEW CASE	ADD'L EVI.	Submitting Agency:	Submitting Officer
Investigating Officer/Contact Person:		Phone Number:	Email:
Offense:		Date of Offense/Discovery	Synopsis Attached? Yes No
Grand Jury Date		Trial Date, if known	
Name:	Victim Suspect	D.O.B.	Name: Victim Suspect D.O.B.

Requested Testing: (Note: CCRFSL may refuse any testing considered unsuitable/unacceptable as per CCRFSL Evidence Submission Policies)

List Item Numbers ↓ (Check Appropriate Testing→)	DNA	Finger prints	Drug Chemistry	Trace	GSR	Firearms	NIBIN	Test Fire

Please specify your comparison requests (What items need to be compared):

Information Required for Firearms Testing:

1. Is there any reason why the submitted ammunition cannot be used for test firing?	Yes	No	2. Are the submitted cartridge case(s) evidence or test fire(s)?	
			Evidence : _____	Test Fire(s) : _____
If test fire(s), provide the firearm information:	Make	Model	Serial Number	Caliber

Information Required for DNA, Fingerprints and/or Trace Analysis:

1. If hair, fibers, paint analysis is requested, have known samples been provided?	Yes	No
2. Was the evidence item(s) collected from the suspect's person or in suspect's possession when collected by law enforcement?	Yes	No
3. Could the DNA or Fingerprints on the evidence be from an individual who is not a suspect? (e.g. police officer collecting the evidence/ witness/ victim's partner who is not a suspect)	Yes	No
If yes, have elimination Fingerprints and DNA standards been submitted?	Yes	No

Please complete page 2 for all Non-Sexual Assault DNA Testing requests.

(Not required for non-DNA requests)



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Information Required for Non-Sexual Assault DNA Testing: (For sexual assaults, please complete the 'DNA Sexual Assault Ev. Sub. Checklist'.)

1. Has the permission to consume the touch DNA evidence been submitted? Yes No If no, provide Information below*
(Testing will not start until the permission to consume is received for all touch DNA evidence.)

*Consumption Permission to be granted by: _____

2. Any weapon used? Yes No If yes, explain: _____

3. Was anyone bleeding? Victim Subject Other (explain): _____

4. Victim's relationship to subject: _____

5. Have the victim and subject had prior physical contact? Yes No Unknown

If yes, explain: _____

6. Did the victim/subject have prior contact with the crime scene? Victim: Yes No Unknown

Subject: Yes No Unknown

7. Location where the victim was found: _____

8. Approximate time length between the assault/crime and discovery of the victim/evidence: _____

9. If suspect's clothing is submitted, was it worn during the alleged offense? Yes No

10. Were the evidence items collected at or near the crime scene? Yes- Item(s)#: _____

If no, provide location and relationship of these items to the crime: No- Item(s)#: _____

11. Suspect's standard submitted? Yes No

12. Please attach or write a short summary of the crime **clearly mentioning** the connection of the evidence items to the crime:

Information provided by:

_____ **Agency Representative**

_____ **Date**