

Division of State Fire Marshal Forensic Laboratory

Investigator Evidence Submission Form

8895 East Main Street, PO Box 525, Reynoldsburg, Ohio 43068

(614) 752-7150 Fax: (614) 752-7214 (888) 801-2752

E-mail: sfmlab@com.state.oh.us



New Case Additional Evidence

Forensic Lab Case # _____ Reason for Rush _____

Related to Forensic Lab Case # _____ Submitting Agency Case # _____

Occupant _____ Owner _____

Incident Location _____ City _____ County _____

Incident Type _____ Incident Date _____ Date Collected _____

LABORATORY TEST(S): Please explain all requests for J, O and P tests in the Remarks Section

A) Test for Ignitable Liquid

P) Physical/Microscopic Exam

O) Others (specify in remarks section)

E) Test for Explosive

L) Latent Print Development

VA) Forensic Video/Audio Exam

J) Elemental/Chemical Exam

M) Meth Lab

X) Comparison to Another Exhibit

LIST EVIDENCE SUBMITTED (container, contents and location) :

TEST(S) REQUESTED

1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____
6) _____	_____
7) _____	_____
8) _____	_____
9) _____	_____
10) _____	_____

**Case Investigator
Signature** _____

Submission

Type

(Check only 1)

In Person Mail/ Courier Transported

Case Investigator _____ **Agency** _____ **Phone** _____

E-mail _____ **Fax** _____

Address _____ **City, ST, Zip** _____

Transporter Name _____ **Agency** _____ **Phone** _____

REMARKS: (Use additional sheet if more space is needed)