

State of Ohio Department of Commerce
Division of State Fire Marshal Forensic Laboratory
Investigator Evidence Submission Form

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(614) 752-7150 Fax: (614) 752-7214 (888) 801-2752
Website: www.com.ohio.gov 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 _____

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

- | | | |
|------------------------------|------------------------------|--|
| A) Test for Ignitable Liquid | J) Elemental/Chemical Exam | P) Physical/Microscopic exam |
| E) Test for Explosive | L) Latent Print Development | O) Others (specify in remarks section) |
| F) Test for Fusee | LS) Latent Standard | X) Comparison of Unknown to Another |
- Exhibit _____

LIST EVIDENCE SUBMITTED (container, contents and location) : **TEST(s) REQUESTED**

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

Submitter Signature _____ **Submission Method** In Person Mail / Courier Transported By

Submitter _____ **Agency** _____ **Phone** _____

E-mail _____ **Fax** _____

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

Alternate Submitter _____ **Agency** _____ **Phone** _____

E-mail _____ **Fax** _____

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

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

I authorize the release of information to the appropriate SFM agency/investigator. _____ (Initial if authorizing.)