



Department of Financial Services

Division of Investigative and Forensic Services – Bureau of Forensic Services.
 38 Academy Drive, Havana, FL 32333, Phone: 850-539-2700, Fax: 850-539-9662

EVIDENCE SUBMISSION FORM (Please complete all relevant blank areas.)							
Submission of samples relinquishes all decisions regarding analytical processing and choice of methods for extraction and analysis to BFS. Because metal evidence containers will rust and expose the contents to weathering and/or contamination, the laboratory's extract of the debris on carbon membranes becomes the evidence of value. All BFAEI samples will be routinely destroyed following extraction, analysis and reporting unless the submitter makes an alternate indication below:							
Non-BFAEI Samples Returned			BFAEI Samples to be retained at BFS per FAC 69D-5.001 Guide Sections III C. and D.		BFAEI Samples Returned		
	New Case		Suspect Homicide		Special Testing (explain in Remarks)	BFS (Lab) Assigned #	
	Additional Evidence		Fatality		RUSH Request (explain in Remarks)	Submitting Agency Case #	
Submitting Agent:					Email		
Agency Name:					Tel. #		
Agency Address:					Cell. #		
Property Owner or Occupant:							
Incident Address:							
Nature of Incident (Please describe):				Incident date:			
List of Laboratory Tests (Choose one of the letter codes below to be put into the "Test Requested" column:							
(A)	Determine presence/identity of ignitable liquids			(V)	Video/Digital Analysis		
(E/I)	Explosives/Incendiaries			(CRB)	Chemical Reaction Bomb Determination		
(HO)	Hold only - No test requested			(C)	Comparison Sample		
(CL)	Unidentified Chemicals/Clandestine Lab (no drugs)			(O)	Other requests - Explain in remarks section		
<u>List of evidence submitted (Container, content, location collected):</u>					<u>Test Requested</u>		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
Chain of Custody (Indicate who had possession, to whom or where it was transferred, and when it was done):							
	Print Agent Name	Agent Signature		Transfer		Date and Time	
1.							
2.							
3.							
4.							
5.							
6.							
REMARKS (any specific precautions or notes concerning the evidence?):							
For BFS Use Only:		Received via:		Returned Via:		Destroyed on:	



AN AMERICAN ASSOCIATION FOR LABORATORY ACCREDITATION TESTING Laboratory
 Certificate # 4202.01

(please see <https://cabportal.touchstone.a2la.org/index.cfm?event=directory.detail&labPID=CAA65380-1DA2-48B0-98E7-6D930736173F>)

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