



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

SAMPLE 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 Bureau of Fire, Arson, and Explosives Investigations' (BFAEI) samples will be stored by BFS on-site following analysis and reporting unless the submitter indicates in the remarks below or contacts the lab that it should be returned. All non-BFAEI submitted samples will be returned to submitter following analysis and reporting.

<input type="checkbox"/>	New Case	<input type="checkbox"/>	Suspect Homicide	<input type="checkbox"/>	Special Testing (explain in Remarks)	BFS (Lab) Assigned #	
<input type="checkbox"/>	Additional Samples	<input type="checkbox"/>	Fatality	<input type="checkbox"/>	RUSH Request (explain in Remarks)	Submitting Agency Case #	
Submitting Agent:				Email			
Agency Name:				Tel. #			
Agency Address:				Cell. #			
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 Code" column:							
(A)	Determine presence/identity of ignitable liquids			(C)	Comparison Sample		
(E/I)	Explosives/Incendiaries **			(CL)	Unidentified Chemicals/Clandestine Lab (no drugs) **		
(HO)	Hold only - No test requested			(V)	Video/Digital Analysis **		
	<u>List of evidence submitted (Container, content, location collected):</u>						<u>Test Code</u>
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
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 submission?):							
For BFS use only:		Received via:		Returned Via:		Destroyed on:	



AN AMERICAN ASSOCIATION FOR LABORATORY ACCREDITATION TESTING Laboratory
Certificate # 4202.01

This controlled document was approved and issued in accordance with the document management provisions established in the Bureau of Forensic Services Quality System.

** Services not included in accreditation scope