



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: 850-539-2815

SAMPLE SUBMISSION FORM (Please complete all relevant blank areas.) <small>Submission of samples relinquishes decisions for analytical processing and choice of extraction methods and analyses to BFS. Because metal sample containers will rust and expose the contents to weathering and/or contamination, the laboratory's extract of the sample onto carbon membranes becomes the evidence of value. Please select one of the four boxes below to record your preference for the submitted samples after testing. For retention, please have a FAC approved reason stated on the form or get authorization by the laboratory Chief.</small>						
Non-BFAEI Samples Returned		BFAEI Samples to be Destroyed		BFAEI Samples to be retained at BFS per FAC 69D-5.001 Guide Sections III C. and D.		BFAEI Samples Returned
<small>All Extracts are archived on Carbon Membranes as the Evidence of Value and shall be retained indefinitely.</small>						
	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)	<i>Determine presence/identity of ignitable liquids</i>			(V)	<i>Video/Digital Analysis</i>	
(E/I)	<i>Explosives/Incendiaries</i>			(CRB)	<i>Chemical Reaction Bomb Determination</i>	
(HO)	<i>Hold only - No test requested</i>			(C)	<i>Comparison Sample</i>	
(CL)	<i>Unidentified Chemicals/Clandestine Lab (no drugs)</i>			(O)	<i>Other requests - Explain in remarks section</i>	
	List of evidence submitted (Container, content, location collected):					Test Requested
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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