



# EVIDENCE SUBMISSION FORM

Miami Valley Regional Crime Laboratory  
361 W. Third Street, Dayton, OH 45402 Ph. 937-225-4990

LAB USE ONLY

New Case Agency Case # \_\_\_\_\_

Additional Evidence-Orig. Lab # \_\_\_\_\_

Victim (DOB/SSN): \_\_\_\_\_

Subject/Suspects (DOB/SSN): \_\_\_\_\_

Offense: \_\_\_\_\_ Offense Date: \_\_\_\_\_

Offense Address: \_\_\_\_\_

Submitting Agency: \_\_\_\_\_ Investigating Officer: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Add A Detailed Case History Here (Required): Alternatively, attach your detailed police report to this request.

Item #	Agency Tag #	Description of Evidence	Analysis Requested (see codes below)

Add Evidence Not Submitted Here:

Requested Exam Codes:

**BIO:** DNA/Serology (may require consumption of the sample)

**TRC:** Trace Evidence (may require consumption of the sample)

**TOX:** Toxicology (may require consumption of the sample)

**FA:** Firearms/Toolmarks

**LP:** Latent prints

**FIRE:** Arson evidence is analyzed by the State Fire Marshall

**CHEM:** Drug Analysis

The submitted evidence will be examined and analyzed in accordance with established laboratory sampling plans and capabilities, utilizing validated methods and instrumentation. Method deviations will be utilized as necessary. As needed, laboratory personnel will contact the submitting agency to clarify requests or obtain additional information to assist in the analysis. Unless otherwise requested, the final report for this case will be shared with any attorney associated with any criminal or civil proceedings regarding this case.