

# Miami Valley Regional Crime Laboratory

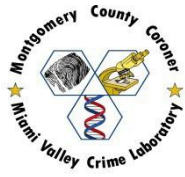
When submitting evidence to the Lab, an Evidence Submission Form (ESF) must accompany each piece of evidence. The information on the ESF is important to the process of analyzing your evidence. In an effort to assist the agencies with their submissions and to streamline the process, we are setting forth below the specific information requested on the form. Each number coincides with the example ESF.

1. **Agency Case #:** This is your agency's official case number.
2. **Check Boxes:** Please check whether the evidence is a new case or additional evidence. If the evidence you are submitting is additional to a case that was previously submitted, please refer to the MVRCL's original lab number in the space provided.
3. **Victim:** Please provide the full name, date of birth and social security number of the victim in this case. *\*If the victim's name is unknown, please type "unknown".*
4. **Subject/Suspects:** Please provide the full name, date of birth and social security number of each suspect. *\*If suspect is unknown, please type "unknown".*
5. **Offense:** Type of offense (ie: Burglary, Drugs, Weapons).
6. **Offense Date:** Date of occurrence for the offense.
7. **Offense Address:** Physical address of where the offense occurred.
8. **Submitting Agency:** The name of the agency submitting the evidence.
9. **Investigating Officer:** The name of the officer/detective who will be working the case.
10. **Email:** The email address of the officer/detective who will be working the case.
11. **Office Phone:** The phone number of the officer/detective who will be working the case.
12. **Cell Phone:** The cell phone number for the officer/detective who will be working the case.

13. **Detailed Case History:** Please include the detailed case history of this case.
14. **Agency Tag #:** This is your agency tag number.
15. **Description of Evidence:** Please provide a brief description of the evidence being submitted.
16. **Analysis Requested:** Please provide the "Requested exam code(s)", more than one requests can be made. Please see the list of Requested Exam Codes at the bottom of the form.
17. **Add Evidence Not Submitted Here:** Please provide information regarding any evidence collected by your agency but which is not being submitted at this time.

***\*By entering "unknown" in these fields, MVRCL is aware that the field was not accidentally omitted and we will not follow up with the agency to confirm.***

***\*\* Fields that are grey are for internal MVRCL use only and should not be filled in by the agency.***



# 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):

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.



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

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