



# ARKANSAS STATE CRIME LABORATORY EVIDENCE SUBMISSION FORM

P.O. Box 8500  
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Fax: (501) 227-0713

P.O. Box 868  
Hope AR 71802  
Phone: (870) 722-8530  
Fax: (870) 722-8534

[www.arkansas.gov/crimelab](http://www.arkansas.gov/crimelab)

Has any evidence been previously submitted on this case by any agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If known, please list ASCL Case #	Agency Case #	ASCL Case #
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Investigating Agency	Investigating Officer (Prefix, First, Last)
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If applicable, please list additional agencies involved	Phone
	Mobile (optional)

Type of Offense	Date of Offense	County of Offense	E-Mail Address
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	Suspect	Victim	Name (LAST, First)	Arrested?	SID/SSN	DOB	Race	Sex
1	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO				
2	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO				
3	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO				
4	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO				
5	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO				
6	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> YES <input type="checkbox"/> NO				

**Juli's Law**—If a felony arrest was made, please answer the following:  
 Was a DNA sample collected on a DNA database kit for CODIS?  Yes  No Comments: \_\_\_\_\_  
 Were suspect known samples collected (on cotton swabs) to be used as references in this case?  Yes  No Comments: \_\_\_\_\_

**If this case involves a sexual assault**—Was there a consensual sexual act within the past 96 hours?  Yes  No Comments: \_\_\_\_\_

Detailed Summary of Crime (Use provided addendum if necessary):

- Important—please note the following:**
- The Arkansas State Crime Laboratory (ASCL) shall select and use appropriate testing methods/procedures (please visit the ASCL website [www.arkansas.gov/crimelab](http://www.arkansas.gov/crimelab) to see methods available).
  - The ASCL reserves the right to transfer evidence to another accredited laboratory when deemed necessary
  - All evidence shall be properly packaged and sealed to prevent contamination and tampering
  - All biologically contaminated evidence must be marked BIOHAZARD
  - Sharps must be packaged in such a manner as to protect personnel during handling

**LAB USE ONLY**

HC    USPS    UPS    FedEx    DHL

**PE / DNA Requests**—Copies of Investigative Reports are requested.  
 Report attached:  Yes  No  
 If not, please forward to Evidence Receiving.

**Firearms Submissions**—By signing, I hereby certify all listed firearms are unloaded.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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ASCL Case #

All fields required except where noted

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Agency Case #

**Evidence will be analyzed using a priority based system. List the priority of your evidence for analysis (1= highest)**

Evidence #	Evidence Description	Physical Evidence/DNA Requests: 1. List where item was collected 2. List who the item belongs to (if known)	Requested Service (refer to codes below)
1			
2			
3			
4			
5			

Type of Analysis Requested:

Submitting Officer (print):

**Requested Service Codes:**  
 DE: Digital Evidence  
 DA: Drug Analysis  
 FA: Firearms / Tool Marks / NIBIN  
 IL: Illicit Laboratories  
 LP: Latent Prints  
 PE/DNA: Physical Evidence / DNA  
 TOX: Toxicology

Signature \_\_\_\_\_ Date \_\_\_\_\_