



ARKANSAS STATE CRIME LABORATORY EVIDENCE SUBMISSION FORM

P.O. Box 8500
3 Natural Resources Drive
Little Rock AR 72215
Phone: (501) 227-5747
Fax: (501) 227-0713

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

www.arkansas.gov/crimelab

Has any evidence been previously submitted on this case by any agency? <input type="checkbox"/> Yes <input type="checkbox"/> No	Agency Case #	ASCL Case #
If known, please list ASCL Case #		

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 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 _____