



# ARKANSAS STATE CRIME LABORATORY

## EVIDENCE SUBMISSION FORM (Drugs & Toxicology Only)

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](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   |                             |                |                 | Agency Case # |                   |   |                        | ASCL Case #    |  |             |            |
| If known, please list ASCL Case #   |                             |                |                 |               |                   |   |                        |                |  |             |            |
| Investigating Agency  |                             |                |                 |               |                   | Investigating Officer (Prefix, First, Last) |                        |                |  |             |            |
| If applicable, please list additional agencies involved   |                             |                |                 |               |                   | Phone                                       |                        |                |  |             |            |
|   |                             |                |                 |               |                   | Mobile (optional)                           |                        |                |  |             |            |
| Type of Offense   |                             |                | Date of Offense |               | County of Offense |   | E-Mail Address         |                |  |             |            |
| <b>Suspect(s) (LAST, First)</b>   |                             | <b>SID/SSN</b> | <b>DOB</b>      | <b>Race</b>   | <b>Sex</b>        | <b>Victim(s) (LAST, First)</b>              |                        | <b>SID/SSN</b> | <b>DOB</b>   | <b>Race</b> | <b>Sex</b> |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
| <b>Evidence #</b>   | <b>Evidence Description</b> |                |                 |               |                   |   | <b>Evidence Source</b> |                | <b>Requested Service</b><br><small>(refer to codes below)</small>  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
|   |                             |                |                 |               |                   |   |                        |                |  |             |            |
| Detailed Summary of Crime (Use provided addendum if necessary):   |                             |                |                 |               |                   |   |                        |                | <b>Requested Service Codes:</b><br><b>DA:</b> Drug Analysis<br><b>IL:</b> Illicit Laboratories<br><b>TP:</b> Tampering<br><b>TOX:</b> Toxicology |             |            |
| Type of Analysis Requested:   |                             |                |                 |               |                   |   |                        |                | <b>LAB USE ONLY</b>  |             |            |
| <input type="checkbox"/> Y <input type="checkbox"/> N Were all urine samples for alcohol testing collected by Arkansas Department of Health (ADH) guidelines?   |                             |                |                 |               |                   |   |                        |                |  |             |            |
| <input type="checkbox"/> Y <input type="checkbox"/> N <b>ARORA donor?</b>   |                             |                |                 |               |                   |   |                        |                |  |             |            |
| <b>Important—please note the following:</b> <ul style="list-style-type: none"> <li>▪ The Arkansas State Crime Laboratory (ASCL) shall select and use appropriate testing methods/procedures</li> <li>▪ The ASCL reserves the right to transfer evidence to another accredited laboratory when deemed necessary</li> <li>▪ All evidence shall be properly packaged and sealed to prevent contamination and tampering</li> <li>▪ All biologically contaminated evidence must be marked BIOHAZARD</li> <li>▪ Sharps must be packaged in such a manner as to protect personnel during handling</li> </ul> |                             |                |                 |               |                   |   |                        |                |  |             |            |
| Submitting Officer (print):   |                             |                |                 |               |                   |   |                        |                | HC USPS UPS FDX DHL  |             |            |
| Signature   |                             |                |                 |               |                   | Date  |                        |                |  |             |            |