



# 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> <small>(refer to codes below)</small>		
Detailed Summary of Crime (Use provided addendum if necessary):									<b>Requested Service Codes:</b> DA: Drug Analysis IL: Illicit Laboratories TP: Tampering TOX: 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					