

DATE/TIME STAMP

Georgia Bureau of Investigation  
Division of Forensic Sciences

**EVIDENCE SUBMISSION FORM**

**DOFS USE ONLY**

Received by: \_\_\_\_\_

Date/Time: \_\_\_\_\_

DOFS Case #: \_\_\_\_\_

**INCIDENT REPORT MUST BE SUBMITTED ON BIOLOGY AND TRACE EVIDENCE CASES**  
**Evidence improperly packaged/sealed/labeled will result in a significant delay**

\*\*\*PLEASE PRINT LEGIBLY\*\*\*

**I.** Submitting Agency \_\_\_\_\_ Agency Case # \_\_\_\_\_  
County of Incident \_\_\_\_\_ Date of Incident \_\_\_\_\_

**II.** **Is Subject/Victim a juvenile (under 17)?** ☐ YES ☐ NO **Is Subject/Victim deceased?** ☐ YES ☐ NO

VICTIM: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Middle GA-SID/FBI

SUBJECT: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Middle GA-SID/FBI

SUBJECT: \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last Name First Name Middle GA-SID/FBI

Use supplemental page for additional names/information

**III.**  
Case Officer: \_\_\_\_\_ Officer Badge # \_\_\_\_\_  
Last Name First Name

FAX #/Email Address: \_\_\_\_\_ Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
*Note: Provide Agency fax # if no email address*

Other Agency to Access Lab Report \_\_\_\_\_ GSP Post #/GBI Reg. #/Precinct \_\_\_\_\_

**IV. (Indicate all that are appropriate)**

**Type of Case:** ☐ Death ☐ VGCSA ☐ DUI ☐ Burglary ☐ Armed Robbery ☐ Arson  
☐ Assault ☐ Sexual Assault ☐ Hit & Run ☐ MVA/driver ☐ MVA/passenger  
☐ MVA/pedestrian ☐ Fire or CO Other \_\_\_\_\_

**Manner of Death:** ☐ Homicide ☐ Suicide ☐ Accidental ☐ Natural ☐ Undetermined

**Delayed death?** ☐ Yes ☐ No **Suspected:** ☐ drugs ☐ poisons (list) \_\_\_\_\_

**Cause of Death:** \_\_\_\_\_

**Brief Description of Item(s) Submitted Examination(s) Requested Re-Sub. (X) Brief Case History**


**V. Please answer the following questions for Trace and/or Serology/DNA analyses.**

**Refer to service menu for conditions/restrictions for requested services and analyses.**

TRACE EVIDENCE ANALYSIS: (Incident Report Req'd.)

Is perpetrator known to frequent scene?

How often? \_\_\_\_\_

SEROLOGY/DNA ANALYSIS: (Incident Report Req'd)

Who was bleeding? Subject Victim other \_\_\_\_\_

Did victim receive blood transfusion? \_\_\_\_\_

Has victim had sexual relations within 3 days of incident? \_\_\_\_\_

Did perpetrator use a condom? \_\_\_\_\_

Did ejaculation occur outside the body? \_\_\_\_\_

## GENERAL INFORMATION

Refer to DOFS Laboratory Services & Requirements for Submitting Evidence manual for complete conditions/restrictions for services and analyses.

1. Evidence container contents are not verified at the time of receipt.
2. Do not seal Submission Form inside package with evidence.
3. Ensure all evidence is properly labeled, packaged, sealed and initialed (extending over tape to package) before submitting to lab.
4. Submit a copy of the incident report on Biology and Trace Evidence cases.
5. Approved Blood Alcohol or Urine Collection kits have their own Submission Forms.
6. DOFS has discretion over items analyzed and methods of analysis utilized.

### PROPER SEAL

Evidence packaging must be either heat-sealed or sealed with tamper-proof evidence tape along with the sealing officer/agent's initials across the seal. Trace Evidence requires complete tape closures/seals completely across all openings of the package.

### PROPER LABEL

Last name, first name of victim/subject and Agency name and case number on each evidence item.

### PROPER PACKAGING

Refer to DOFS Laboratory Services & Requirements for Submitting Evidence manual. Protective packaging must be included for glass, sharp and fragile items.

### SEROLOGY/DNA ANALYSIS - (INCIDENT REPORT REQUIRED)

If DNA is a request, all known samples must be submitted in purple stoppered tube or buccal swab.

All evidence should be air-dried and packaged in paper bag.

### LATENT FINGERPRINTS

Latent prints will be registered to the AFIS unsolved latent database only if elimination prints are submitted. GA SID or FBI number must be provided in order to facilitate finding the victim/subject(s)' known exemplars.

### DRUG IDENTIFICATION

Quantitative analysis of cocaine shall be performed on trafficking cases.

**Double bag** in clear plastic bags.

Clan lab evidence must be packaged as per requirements and inspected prior to submission. Clan lab evidence cannot be shipped to the lab via courier service.

### TRACE EVIDENCE ANALYSIS - (INCIDENT REPORT REQUIRED)

REMEMBER: Hair and fiber evidence must be collected and preserved in the lab (from clothing & linens) before other examinations are performed. You must request hair and/or fiber examinations at the time of evidence submission. These Trace Evidence examinations cannot be performed after items have been opened for examination by other sections of the lab (i.e., Serology/DNA) or by your department.

For items with DNA and Trace Evidence Examination requests, DNA analysis will be priority. If DNA analysis results do not address your case, please contact the Trace Evidence Manager.

In potential hair cases, please submit known head and pubic hair samples in addition to buccal swabs.

### QUESTIONED DOCUMENT SERVICES

Only three checks per case will be examined.

Only original checks should be submitted.

Misdemeanor bad check cases will not be examined.

## INSTRUCTIONS TO COMPLETE FORM

**Auto date stamp this form in box located on top left corner**

- I. Self-explanatory
- II. **Names on reports will be printed exactly as on Submission Form. No name changes will be made from original submission information. Be sure name(s) and spellings are accurate.**
  - A. Indicate if subject or victim is a juvenile (under age of 17) **and** if the subject or victim is deceased.
  - B. Victim/Subject: Print last name, then first name, then middle name/initial.
  - C. Print Victim/Subject's age, sex & race.
  - D. Add victim/subject SID or FBI number to Latent Print cases.
- III.
  - A. Case Officer to receive report: print name clearly - last name, then first name. Please include Officer's last (4) digits of SSN as a unique identifier for our records.
  - B. Add email address or agency fax #, phone number and pager number in order to contact for any needed clarifications.
  - C. Indicate GSP Post No. or GBI Region No. if applicable.
  - D. Other Agency to access lab report if applicable.
- IV.
  - A. Type of Case, Manner and Cause of Death: self-explanatory. Be sure to indicate if homicide or death case.
  - B. Brief Description of Item Submitted/Brief Case History: self explanatory.
  - C. Examination(s) Requested: See the DOFS Laboratory Services & Requirements for Submitting Evidence manual for explanation of services available.
- V. Answer applicable questions depending upon service requested.