

MONROE COUNTY CRIME LABORATORY
 85 W. Broad Street, Rochester, NY 14614
 (585)-753-3535

Evidence Intake Form

Lab Case Number: _____ **(Laboratory Use Only)**

Agency: _____ **CR Number:** _____ **Lot Number:** _____

Offense: _____ **NYS Offense Code:** _____

Item(s) Collected From or At: _____

Item(s) Collected By: _____ **Date Collected:** _____

Point of Contact: _____ **Phone Number:** _____

Victim (s): _____ / _____
 Last First Initial Last First Initial

Suspect (s) : _____ / _____
 Last First Initial Last First Initial

Agency Item Number(s)	Description of Evidence (Indicate if from Victim or Suspect where applicable) * Evidence Intake does not inventory the contents of sealed evidence packages	Lab Item Number(s) (Laboratory Use Only)	Section(s) (Laboratory Use Only)

Brief Description of Case and / or Analysis Requested:

By signing the Evidence Intake form, the customer(s) agrees to allow the Crime Laboratory to determine the appropriate test methods to be used. The Crime Laboratory reserves the right to approve deviations from the test methods used when appropriate.
For more information see "Information for Requesting Forensic Testing at "<https://www.monroecounty.gov/safety-crimelab>"

Submitted By (Print Name): _____ **Received By:** _____

Submitter Signature: _____ **Date:** _____ **Time:** _____

Approved By	John R. Clark	10-18-21	Revision	2021-1	Document ID	PSL-191	Issued on	10-18-21
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