

State of Ohio Department of Commerce
Division of State Fire Marshal Forensic Laboratory
Investigator Evidence Submission Form

8895 East Main Street, PO Box 525, Reynoldsburg, Ohio 43068
(614) 752-7150 Fax: (614) 752-7214 (888) 801-2752

New Case Additional Evidence

Forensic Lab Case # _____ Reason for Rush _____
Related to Forensic Lab Case # _____ Submitting Agency Case # _____
Occupant _____ Owner _____
Location of Incident _____ City _____ County _____
Location/Incident _____ / _____ Incident Date _____ Date _____

LABORATORY TEST(S): Please explain all requests for J, O and P tests in the Remarks Section

A) Test for Ignitable Liquid J) Elemental/Chemical Exam P) Physical/Microscopic exam
E) Test for Explosive L) Latent Print Development O) Others (specify in remarks section)
F) Test for Fusee LS) Latent Standard X) Comparison of Unknown to Another
Exhibit

LIST EVIDENCE SUBMITTED (container, contents and location) : **TEST(s) REQUESTED**

1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____

Submitter Signature _____ **Submission Method** In Person Mail / Courier Transported By

Submitter _____ **Agency** _____ **Phone** _____
E-mail _____ **Fax** _____

Address _____ **City, ST, Zip** _____

Alternate Submitter _____ **Agency** _____ **Phone** _____

E-mail _____ **Fax** _____

Address _____ **City, ST, Zip** _____

REMARKS: (Use additional sheet if more space is needed)

I authorize the release of information to the appropriate SFM agency/investigator. _____ (Initial if authorizing.)