Brazoria County Sheriff's Office Crime Laboratory
Biologicals Submission Form

FOR LAB USE ONLY

LAB NUMBER ASSIGNED BY LABORATORY PERSONNEL

Received By: _____ Date Received: _____

Delivered By: _____

Case Information:

Case Officer:	Agency-City:
Case Number:	E-mail:

Subject(s) Information:

Name (Last, First Middle)	Race	Sex	DOB (MM/DD/YYYY)

Offense Information:

Type of Offense: (Reason for Submission)
Date and Time of Offense:
Date and Time of Specimen:

Evidence:

☣BIOHAZARD☣

Exhibit #	# of Tubes	Evidence Submitted	Suspected Substance	
			Ethanol	Drugs
			☐	☐
			☐	☐
			☐	☐
			☐	☐