Department of Public Safety
Forensic Laboratory Evidence Receipt

To Whom It May Concern:

This is a copy of the online evidence receipt template. You must use Adobe Acrobat 7.0 or a newer version and you must have a printer that will print with 1/2" margins.

The final copy of the receipt that you submit to the crime laboratory must be printed on ***cream-colored or off-white paper*** (not a dark color as these will photocopy very poorly). The reason for this is so that we are able to readily distinguish photocopies from originals.

Please also keep in mind that since the new evidence receipt is two-sided the online form is two-sided as well (This means that you need to submit a two-sided form, not a one-sided form). It is saved as a two-page form, page 2 and 3 of this file. If you are filling in information on the second and third page, print only the second page, and then place the page back into your printer to print the third page on to the back of the second page. If you only need the second page, make multiple copies of a blank third page so that you can place a page into your printer and print out only the second page with the information and the back page will already be there. You do not need to print this first page of instructions. Make sure that your cursor is on the page you wish to print, then select print from the file menu and print “current” page.

When filling out the receipt **use the same numbers** that you assigned the item when you received the evidence. For example, if you have crime scene numbers 1 through 10 and you are only submitting to the lab 3, 5, 7, and 8, use those numbers. Do not give them new numbers like 1 through 4!

When filling out the chain of custody part only sign the front page of the receipt and **use one line for all items** submitted, even if items are continued on the back of the page. It is recommended that when you have many items that are not in numerical order to hand write them in under the chain of custody part so that you only use one line.

By submitting evidence to the FLB, the customer agrees that the FLB will choose the most appropriate method(s) for analyses.

Highlighted red boxes must be filled out in order for the form to be submitted into the FLB.

If you have questions or need assistance, please contact the Evidence unit personnel at the Northern Laboratory (505) 827-9132 the Southern Laboratory (575) 541-7580 or Hobbs Laboratory at (575) 391-1840

NMDPS Forensic Laboratory

Northern Forensic Lab
P.O. Box 1628
Santa Fe, New Mexico
87504-1628
(505) 827-9132
(505) 827-3318 Fax

Southern Forensic Lab
P.O. Box 2336
Mesilla Park, New Mexico
88047-2336
(575) 541-7580
(575) 541-7594 Fax

Hobbs Forensic Lab
P.O. Box 2567
Hobbs, New Mexico
88241
(575) 391-1840
(575) 391-1899 Fax

Department of Public Safety
Forensic Laboratory Evidence Receipt

Lab Case #: _____

Agency Case #: _____

Investigating Officer w/ Title: _____ Phone: _____

Agency: _____ Address: _____
Street City Zip Code

Evidence Technician: _____ E-Mail: _____

Suspect(s): _____ Victim(s): _____

Offense: _____ Date of Offense: _____ County: _____

☐ New Case ☐ Additional Evidence ☐ Resubmission ☐ Investigative Lead ☐ HIDTA ☐ DCSI

Case Summary: _____ DNA Code: _____

☐ I _____ **authorize the prosecuting attorney to receive a copy of the lab report.**
Legible Signature / Print Name

EVIDENCE SUBMITTED: Be certain to use *unique* numbers/letters for each individual item of evidence.
Indicate the examination(s) requested for *each* item with the associated abbreviation(s) below.

Fire Debris = **FD** (SFL only) Drugs = **DR** Latent Prints = **LP** Firearms/Toolmarks = **FA or TM** Shoe/Tire Impressions = **IMP** Serology/DNA = **DNA**

ITEM #	DESCRIPTION (Physically describe items, sources, who/where taken from)	Exam Requested

CHAIN OF CUSTODY: *List all item numbers on the first line. (example "1- 4" or "1,3,5")* (Use next page for more space if needed)

ITEM #	RECEIVED FROM	RECEIVED BY	LOCATION	DATE	TIME

Please Note: The offense/incident report should accompany this form (not necessary for drug cases). Use reverse side if more space is needed. No syringes with needles accepted. Packaged firearms will be opened by evidence technicians.
Do not include field drug test kits into evidence. Liquid body fluids are not examined. Method(s) for analysis will be chosen by FLB.
Evidence receipts must be typed. Original is off-white. **Any alterations/modifications to this form will not be accepted.**
Online Evidence Receipt Revised 06/01/09 Ver. E

Lab Case #: _____

EVIDENCE SUBMITTED: *(CONTINUED)*

ITEM #	DESCRIPTION *(Physically describe items, sources, who/where taken from)*	Exam Requested

(Use additional evidence receipts if necessary)

CHAIN OF CUSTODY: *(CONTINUED)*

ITEM #	RECEIVED FROM	RECEIVED BY	LOCATION	DATE	TIME

(Use additional evidence receipts if necessary)