

FSC Laboratories

A Division of Forensic Science Consultants, Inc.

1099 W. Grand River Avenue

Williamston, MI 48895

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www.fire-lab.com

EVIDENCE TRANSMITTAL FORM

CONTACT INFO	ORIGINAL (Report & Invoice)	COPY TO (Report only)
Business Name (CUSTOMER ID)		
Contact (CLIENT ID)		
Address Line 1		
Address Line 2		
City		
State/Providence		
Zip/Postal Code		
Country		
Phone		
Email		
SCENE INFORMATION		
Insured Name		
Policy No.		
Claim No.		
Investigation No.		
Date of Fire		
Date Evidence Taken		
CONDITION OF SCENE (check box): <input type="checkbox"/> WEATHERED <input type="checkbox"/> ALTERED <input type="checkbox"/> UNDISTURBED		
<input type="checkbox"/> OTHER: _____		
LIST OF SAMPLES -- LOCATION ACQUIRED		
1		
2		
3		
4		
5		
STORAGE (check box): <input checked="" type="checkbox"/> POSITIVES <input type="checkbox"/> NEGATIVES		
EXAMINATION(S) REQUESTED		
(check box) <input type="checkbox"/>	Analysis For ANY accelerants	
CUSTODY		
RELINQUISHED BY:	DATE	RECEIVED BY:

FORM: FSCLABEVTRANS1 REV:11-23-06

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