

Forensic Lab Submission Form

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| Agency File Number | | | | File Number (Leave blank  if new submission) | | | Offense Type | |
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| Submitter Information | | | | Report Recipient (Leave blank if this is the same as the submitter info) | | | | |
| Name: | |  | | Name: | |  | | |
| Agency: | |  | | Agency: | |  | | |
| Address: | |  | | Address: | |  | | |
| City: | |  | | City: | |  | | |
| Province: | |  | | Province: | |  | | |
| Postal Code: | |  | | Postal Code: | |  | | |
| Telephone: | |  | | Telephone: | |  | | |
| E-mail: | |  | | E-mail: | |  | | |
| Case History (Please include any details relevant to the testing required) | | | | | | | | |
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| Item | Agency Exhibit  Number | | Exhibit Description | Source | Analysis Requested | | | Exhibit Disposal |
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2022-11-14 