

Forensic Lab Submission Form

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| Agency File Number | File Number (Leave blankif 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 ExhibitNumber | Exhibit Description | Source | Analysis Requested | Exhibit Disposal |
| 01 |  |  |  |  |  |
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2022-11-14 