

# CASE TRACKING FORM

Is this a first submission?    Yes        No  
If No, enter SDLE Laboratory Case # \_\_\_\_\_

### SUBMITTING AGENCY INFORMATION

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_  
Report to: \_\_\_\_\_

### OFFENSE INFORMATION

County of Offense: \_\_\_\_\_  
Offense(s): \_\_\_\_\_  
\_\_\_\_\_  
  
Offense Date: \_\_\_\_\_  
Agency Case #: \_\_\_\_\_

### SDLE CRIME LABORATORY USE ONLY

(Initials) Delivered by: \_\_\_\_\_  
Intra-State Transfer Date: \_\_\_\_\_  
Received By: \_\_\_\_\_

### SUBJECTS

### VICTIMS

CONTAINER	DESCRIPTION	EXHIBITS
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COMMENTS