

MARYLAND STATE POLICE REQUEST FOR LABORATORY EXAMINATION - CHAIN OF CUSTODY LOG	FSD #: -FSD21-
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Submitting Agency/Barrack:	Return Evidence to: (Indicate agency/barrack)	Case #:	Property Held #:
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Investigator Name:	Investigator Email:	Investigator Phone #:
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Offense: Check for CDS: <input type="checkbox"/> CDS Possession <input type="checkbox"/> CDS PWID <input type="checkbox"/> Unknown	Offense Date:	County:
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Suspect <input type="checkbox"/> Juvenile <input type="checkbox"/> Unknown DOB:	FBI #:	SID #:
Last: _____	First: _____	MI: _____ SUF: _____

Victim <input type="checkbox"/> Unknown DOB:	FBI #:	SID #:
Last: _____	First: _____	MI: _____ SUF: _____

Type of Examination Requested: N/A

Crime Lab Use Only:

LIST OF ARTICLES

FSD Exhibit # <small>(lab use only)</small>	Item #	Description

The undersigned hereby certifies that the above listed evidence submitted in this case, while in custody, remained and was delivered to the person/location indicated on the date and time stated in essentially the same condition as when received, except that material or portion consumed in the analysis at the Forensic Sciences Division.

Type/Print and Sign Name or Location <small>Line # 1: Location or Person Where Evidence was Obtained Line # 2: First Person Who Takes Possession of Evidence</small>	Date	Time	
			11.
			12.
1.			13.
2.			14.
3.			15.
4.			16.
5.			17.
6.			18.
7.			19.
8.			20.
9.			21.
10.			22.