Jefferson County Sheriff's Department

| LAB USE UNLY | | _ | me Laboratory | L | LAB USE UNLY | | |
|--|--------------------------------|------------------------------------|-------------------------|------------------------|----------------|-----------------|--|
| | | | Fax (409) 726-2576 | \ <u></u> | | | |
| | | 5030 Hwy 69 South, Suite | | ງວ | | | |
| | SEIZED DRUGS | | | | | | |
| Submission | ion Date LABORATORY SUBMISSION | | | | Laboratory No. | | |
| | | | | | | , | |
| SUSPECTS N | NAMES (Last, Fi | irst Middle) | | RACE | SEX | DOB | |
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| OFFENSE _ | | | | S | TATE [| FEDERAL | |
| COUNTY OF OFFENSE OFFENSE DA | | | | · | | | |
| AGENCY AGENCY CAS | | | | NO. | | | |
| SEIZING OFFICER TRANSPOR | | | | OFFICE | :R | | |
| ADDRESS _ | | | PRINT | | | | |
| PHONE NO EXT | | | | | | | |
| | | | SIGN | | | | |
| LAB USE | Evidence Descri | intion: Include total number of it | ems (hans tablets etc.) | | SHSDI | ECTED SUBSTANCE | |
| LAB USE Evidence Description: Include total number of items (bags, tablets, etc.). If multiple suspects and exhibits, include related suspect with evidence d | | | | escription. (if known) | | | |
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| DETURN BACKACING FOR EINGERDRINTING AND THE TOTAL TOTA | | | | | | | |
| RETURN PACKAGING FOR FINGERPRINTING: YES NO ADDITIONAL EVIDENCE | | | | | | | |
| LAB USE ONLY | | | | | | | |
| Plastic bag(s) Envelope(s) Paper bag(s) Other | | | | | | | |
| Total item(s) Sealed: N Y Received by: | | | | | | | |

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