



Commonwealth of Massachusetts
 Department of State Police
 Forensic Services Group
 Front Desk Sudbury: (508) 358-3110
 Evidence Unit Phone: (508) 358-3155
 Evidence Unit Fax: (508) 358-3222

ASCLD/LAB
 Legacy
 Accredited System

Place LIMS Barcode Label here or write assigned number below.
 FSG Case Number _____

Type of Case:	Scene Responder(s)
Date of Incident:	

Investigating Agency:	Investigating Agency Case #:
Incident Address:	Special Requests/Comments:
Incident Town:	
Report to (Name):	
Phone #:	CRIM: <input type="checkbox"/> DNA: <input type="checkbox"/> TRACE: <input type="checkbox"/> ARSON: <input type="checkbox"/> TOX: <input type="checkbox"/>
Email:	CSSS: <input type="checkbox"/> FIS: <input type="checkbox"/> DEMS: <input type="checkbox"/> (FOR FSG USE ONLY)

County DA's Office:	ADA:						
Victim/Other's Name(s)	DOB	Sex	Race	Suspect/Defendant's Name(s)	DOB	Sex	Race
V <input type="checkbox"/> O <input type="checkbox"/>				S <input type="checkbox"/> D <input type="checkbox"/> SSN #			
V <input type="checkbox"/> O <input type="checkbox"/>				S <input type="checkbox"/> D <input type="checkbox"/> SSN #			
V <input type="checkbox"/> O <input type="checkbox"/>				S <input type="checkbox"/> D <input type="checkbox"/> SSN #			

RECORD OF EVIDENCE SUBMITTED: List item description and owner's name (or origin) of each item separately.	
1	11
2	12
3	13
4	14
5	15
6	16
7	17
8	18
9	19
10	20

The items reported to be in the packages were inventoried and documented above by a representative from the submitting agency. At the time of analysis, the assigned analyst/examiner will unseal the package and verify the inventory. In the event of a discrepancy between the actual inventory and that reported on this form, reconciliation shall be conducted in accordance with the Massachusetts State Police Forensic Services Group (FSG) Evidence Handling and Submission Manual. The undersigned submits this evidence on behalf of the investigating agency, who acknowledges that the FSG is responsible for conducting all tests according to standard procedures, and who authorizes the FSG to make all decisions regarding scientifically necessary deviations from said procedures. All procedural deviations shall be documented in the laboratory notes according to laboratory procedure but notice of each such deviation need not be given to the agency.

I, _____, acknowledge receipt of _____ packages from _____.
 Evidence Technician (Signature) Printed or typed rank & name of Delivering Officer

_____-__-__ ____:____ _____ _____
 Date Time Police Department / Agency (of Delivering Officer) Signature of Delivering Officer

**IF THE STATUS OF THIS CASE CHANGES, PLEASE NOTIFY THE CASE MANAGEMENT UNIT IMMEDIATELY AT 978-451-3440.
 PLEASE RETAIN THIS RECEIPT FOR YOUR RECORDS.**