



**Criminal Investigation Laboratory  
Evidence Registration**

**SOUTHWESTERN INSTITUTE  
OF FORENSIC SCIENCES  
AT DALLAS**

2355 North Stemmons Freeway  
Dallas, TX 75207  
214-920-5983 / 214-920-5864 (f)

**Lab Use Only**

IFS Case #:
-------------

**EVIDENCE SUBMISSION FORM**

**Submitted/Delivered By:**

Printed Name: _____	Agency Name: _____
Signature: _____	Address: _____
Phone: _____	_____
Email: _____	_____

**Analysis Requested By:**

Investigator: _____	Agency Name: _____
Phone: _____	Address: _____
Email: _____	_____

**Agency To Bill:**  Same as Requested By

Contact Name: _____	Agency Name: _____
Phone: _____	Address: _____
Email: _____	_____

**Case Information:**

Agency Name: _____	Service/Case No. _____
Offense: _____	Date of Offense: _____
County of Offense: _____	_____
Complainant: _____	Date of birth: _____
Suspect: _____	Date of birth: _____
Suspect: _____	Date of birth: _____
Suspect: _____	Date of birth: _____

**Submission Information:**

Tag Number: _____	Invoice Number: _____
-------------------	-----------------------

Lab Use Only	Evidence Listing	Analysis Requested

<b>Other Comments:</b>	<b>Date/Time Stamp:</b>

**Notice:** By using laboratory services, user agencies agree to receive simplified reports as described on our website (<https://www.dallascounty.org/departments/swifs/simplified-reports.php>). Full case data is available to the submitting agency upon request.