

11C REV. 7/83

**MKR**

**STATE OF CONNECTICUT**  
**DEPARTMENT OF PUBLIC SAFETY**  
**DIVISION OF STATE POLICE**  
**FORENSIC SCIENCE LABORATORY**

15814

DELIVERED TO LAB BY (Type Print)		RECEIVED AT LAB	DATE	TIME (A.M. or P.M.)
DELIVERED TO LAB BY (Signature)		BADGE NO.	RECEIVED AT LAB BY (Signature)	
CASE NUMBER	TOWN	LAB NUMBER		
SERVICE REQUESTED				
<input type="checkbox"/> LP	<input type="checkbox"/> FA	<input type="checkbox"/> QD	<input type="checkbox"/> VP	<input type="checkbox"/> MS
<input type="checkbox"/> OTHER (Specify)				

**DESCRIPTION OF EVIDENCE RECEIVED AT LAB**

[illegible]

### TEMPORARY RELEASE OF EVIDENCE

SENT TO (Person)	PERSON RECEIVING EVIDENCE	DATE SENT	PERSON RELEASING EVIDENCE
ITEM NUMBERS SENT		VIA (Method or Signature)	
RETURNED BY (Please Print)		DATE	SIGNATURE

### RECEIPT FOR RETURN OF EVIDENCE

DATE RETURNED		TIME RETURNED (A.M. or P.M.)		RECEIPT FOR RETURN OF EVIDENCE	
		.M.		ITEM NUMBERS OF EVIDENCE RETURNED	
RETURNED TO (Please Print)				SIGNATURE	
				BADGE NO.	
Present receipt upon picking up evidence.				RETURNED BY (Signature)	