



ANALYTICAL LABORATORIES, INC.

**EVIDENCE RECEIPT  
REQUEST FOR LABORATORY EXAMINATION**

**FILE NAME** \_\_\_\_\_ **DATE OF LOSS** \_\_\_\_\_  
**ADDRESS OF LOSS** \_\_\_\_\_ **ZIP CODE OF LOSS** \_\_\_\_\_

**ORIGINAL REPORT:** YES NO    **COPY OF REPORT:** YES NO    **COPY OF INVOICE:** YES NO  
**SUBMITTERS NAME** \_\_\_\_\_  
**COMPANY** \_\_\_\_\_ **FILE #** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**FAX #** \_\_\_\_\_ **PHONE #** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**INVOICE TO:**            **ORIGINAL REPORT:** YES NO            **COPY OF REPORT:** YES NO  
**NAME** \_\_\_\_\_ **COMPANY** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
**PHONE #** \_\_\_\_\_ **CLAIM #** \_\_\_\_\_ **FILE#** \_\_\_\_\_

**EVIDENCE INVENTORY\***

ITEM #	DESCRIPTION OF ITEM	ANALYSIS REQUESTED

**EVIDENCE CHAIN-OF-CUSTODY LOG\***

ITEM #	TRANSFERRED FROM SIGNATURE	DATE SENT	TRANSFERRED TO SIGNATURE	DATE RECEIVED

\*May be continued on back.