



G-26 Uniform Analysis for TDCJ & TJJJ Specimen Submission Form (MAY 2014)
 CAP#3024401 CLIA#45D0660644
 Texas Department of State Health Services,
 Laboratory, MC-1947
 Courier: 1100 W. 49th Street, Austin, Texas 78756
 Phone: (512) 776-7587 Fax: (512) 776-7757
 http://www.dshs.state.tx.us/lab

*****For DSHS Use Only*****
Place DSHS Bar Code Label Here

Specimen Acquisition: (512) 776-7598

Section 1. SUBMITTER

Submitting Agency Case #	Submission Date	Date of Offense
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Unit / Submitter Name

Address

City	State	Zip Code
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Phone #	Fax #
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Investigator's/Contact Name

Section 2. EVIDENCE SUBMITTED & TEST REQUESTED

Exhibit #	Description	Possible Location of Specimen	Exam Requested	Was a Container Used	What Type of Container (ex: shampoo bottle)
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any additional items included Yes No

Description of additional items (ex: photos)

Comments:

PLEASE DO NOT INCLUDE ANY SUSPECT OR VICTIM INFORMATION ON THIS FORM