



Specimen Acquisition: (512) 776-7598

G-26 Uniform Analysis for TDCJ & TJJJ Specimen Submission Form (SEP 2016)

CAP#3024401 CLIA#45D0660644
 Texas Department of State Health Services,
 Laboratory, MC-1947
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<http://www.dshs.texas.gov/lab>

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Place DSHS Bar Code Label Here

Section 1. SUBMITTER

Submitting Agency Case #		Submission Date		Date of Offense	
Unit / Submitter Name					
Address					
City			State	Zip Code	
Phone #			Fax #		
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