

12. EVIDENCE SUBMITTED (Continued)

a. EXHIBIT	b. DESCRIPTION OF EXHIBIT

13. EXAMINATION(S) REQUESTED (Briefly furnish any information or instructions that might assist the laboratory in examining the evidence)

14.a. INVESTIGATOR AND ALTERNATE POC <i>(Typed or Printed) (Mandatory Information)</i>	b. TELEPHONE (Primary/Alt): _____ c. DSN (Primary/Alt): _____ d. Fax: _____ e. E-Mail: _____
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15. I CERTIFY EVIDENCE HAS NOT BEEN SUBMITTED TO ANOTHER LABORATORY FOR THE SAME EXAMINATION

a. DATE	b. TYPED/PRINTED NAME OF REQUESTOR	d. TELEPHONE (Primary/Alt): _____ e. DSN (Primary/Alt): _____ f. Fax: _____ g. E-Mail: _____
	c. SIGNATURE	

	16. LAB USE ONLY
	LAB CASE #