

## Tennessee Bureau of Investigation **Evidence Submission Guide Packaging Evidence**

All evidence submitted to the TBI Crime Lab must be properly sealed. A proper seal is tape (of any kind) and initials extending off the tape onto the packaging. The tape must fully cover any opening in the packaging.

Blood Alcohol Kits must have a filled out Toxicology Request for Examination Form inside or attached to the kit.

Please note: The expiration date for Blood Alcohol Kits applies to the tubes' vacuum seals. If the tubes still draw blood, they may be used. Do not throw away "expired" kits. If you will not use them, please return them to the TBI.

APS Mock Case Police Department Case #: 123456 Item #5

The full agency name (no abbreviations) must be written. typed, or stamped on the packaging.

Fire debris submitted for accelerant detection must be packaged in sealed metal cans.

Mock Case PD Case #: 654321 Item #2

TENNESSEE BUREAU OF INVESTIGATION CRIME LABORATORY

Mock Case P.D

Item #1  The TBI does not accept GSR Kits collected from victims without a letter from a District Attorney.

Every piece of evidence must list the agency case number and item number(s) somewhere on the packaging.

**EVIDENCE/PROPERTY** Case #: 123456 Item#:1 Mock Case P.D

Mock case

Police Department

Item#:7

By law, Sexual Assault Kits must be entered into SamsTrack before submission. Do not place the **Request** for Examination Form inside the kit. Similar to Blood Alcohol Kits, these do not expire.

**Important**: All evidence submitted to the TBI Crime Laboratory must be packaged, properly sealed, correctly labelled, and accompanied by a Request for Examination Form!





## Tennessee Bureau of Investigation Evidence Submission Guide Request for Examination Forms

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FROM: Requesting Officer is a Requesting Agency Address City Phone: (		ZZP  e Date of Birth	Officer Email: Agency Case No: County of Offense: Type of Offense: Date of Offense: Victim		Race	Date of Burth	
Statement of Facts (additional	space on back if needed):						
LAB ONLY Number	D	escription of Evidence	,	Where	Recover	red	
Essmination Requested (additional Results of Control of	this schape operand to retrieve acquest from on order posterior on colors to the colors of the color	I certify Signature: Submitted COR LABORATO on a request form ackaging to time of receipt	RV USE ONLY  Rec  Rec  Initials/Date  Date	eived by:eived from:e Raceived	h investige	idea:	
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The requesting officer should fill out all highlighted portions of the **Request for Examination Form**. It is important to write the officer's first and last name to avoid confusion.

**Important:** To ensure that the correct information is entered into our system, please write neatly or consider typing the information in a fillable PDF.

Please make sure that all item numbers match those listed on the corresponding evidence. Each separately packaged item of evidence should be listed on its own line.

**Note:** Regardless of the type of examination being requested, all evidence associated with one case may be listed on the same **Request for Examination Form**. A second page has been included for your convenience.

Record the agency case number exactly as it appears in your agency's system.

The submitting officer must include their contact information in case the TBI needs to obtain further information.

Neatly write the subject's first and last name on the form. Verify that the subject's full name matches the one listed on all blood tubes submitted in the kit.

PDF versions of both Request for Examination Forms can be found at <a href="https://www.tn.gov/tbi/law-enforcement-resources/law-enforcement-resources/law-enforcement-resources/forensic-services.html">https://www.tn.gov/tbi/law-enforcement-resources/law-enforcement-resources/law-enforcement-resources/forensic-services.html</a> under "Request Forms/Resources" at the bottom of the page.

	Knor 1791 Neals Knowville 865-549	Fore ville Commerce Lane .TN 37914 -7800	901 R. S. Ge Nashville, 615-74	- Crime Lab daville as Boulevard TN 37216 44-4000	aboratory Jackson
	Badge Number:  Requesting Agency:  Address:  City:  Phone Number:  Email Address:	ALCOB		Agency Cass County of O ORI Number Date of Offe	ase Number: Offense/Death: ber:
-	Subject Drivers License Number	First Driver  Passenger	Living  Deceased	Middle  Specimen of Blood	Sex Date of Birth/
	Collected: Date:  Breath Alcohol Results: (If DUI of lesser offense, no dru or blood level is equal to or great Analysis Requested: Alcoh Other (specify)	g testing will be performer than 0.08 gm%.) of Drug Scro	med when breath	Comments:	s: (Inewn disease, drups suspected, etc.)
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			For TBI Labo		Requesting Individual
	Specimen Received: Date:	Mosth Day Year	Time	pm []	Laboratory No
	Via:		Initials		Other (Ex.#)
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