



**Brazoria County Sheriff's Office Crime Laboratory
 Seized Drug Submission Form**

FOR LAB USE ONLY	
<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>LAB NUMBER ASSIGNED BY LABORATORY PERSONNEL</p> </div>	<div style="border: 1px solid black; height: 100px; display: flex; align-items: center; justify-content: center;"> <p>Received By: _____ Date _____ Received: _____</p> </div>

Delivered By: _____

Case Information:

Case Officer: _____	Agency-City: _____
Case Number: _____	E-mail: _____

Subject(s) Information:

Name (Last, First Middle)	Race	Sex	DOB (MM/DD/YYYY)

Offense Information:

Type of Offense: (Reason for Submission)	Charge(s) Filed Pending Charge(s) Investigative
Date / Time of Offense: _____	

Evidence:

BIOHAZARD

Exhibit #	Evidence Submitted	Suspected Substance	Weight (in grams)