Effective Date: May 21, 2024

## Brazoria County Sheriff's Office Crime Laboratory Biologicals Submission Form

		FOR LAI	B USE ONLY			
LAB N	UMBER ASSIGNE	ED BY LABORATORY PERSONNEL			Received By: Date Received:	
		Delivered By:				
Case Info	rmation:					
Case Officer: Age			Agency-City:			
Case Number:			E-mail:			
Subject(a)	Informatic					
Subject(s) Information:  Name (Last, First Middle)			Race	Sex	DOB (MM/DD/YYYY)	
Offense In Type of Off	formation: ense:					
(Reason for Sub						
Date and 1if	ne of Specimen	11.				
Evidence:					<b>B</b> BIOHAZARD	
Exhibit #	# of Tubes	Evidence Submitted				
			_	_		

All blood specimens will initially be tested for the presence of alcohol. If below 0.100~g/100mL, then the specimen will be tested for the presence of drugs.