

IDAHO STATE POLICE

THIS AREA FOR LAB USE ONLY

**Forensic Services
Headquarters Lab**
700 S. Stratford Dr., Ste. 125
Meridian, ID 83642
Tel. No. 208-884-7170

Region 1 Lab
615 W. Wilbur, Ste. B
Coeur d'Alene, ID 83815
Tel. No. 208-209-8700

Region 5 Lab
5255 S. 5th Avenue, Ste. 2
Pocatello, ID 83204
Tel. No. 208-239-9900

1. Please complete all blanks below.
2. Seal the evidence into this envelope with evidence tape and initial seal.
3. Complete a submission in the Pre-Log system.
4. Deliver to the appropriate lab or send by UPS, FedEx, or registered/certified mail to the appropriate address above.
5. If the sample will not fit in this envelope, please tape the completed envelope to the properly sealed evidence container.

Agency Submitting
(If ISP, include county)
Agency Case Number

_____ Date of Offense _____

Suspect

_____ Exhibit No. _____

DOB: _____

SS#: _____

_____ SID#: _____

Victim

Charge

_____ Court Date _____

**Description
of Evidence**

Location Found

_____ Date Found _____

**Examination
Required**

Officer to Contact

_____ Phone No. _____

From _____ To _____ Date _____

From _____ To _____ Date _____

From _____ To _____ Date _____

From _____ To _____ Date _____

From _____ To _____ Date _____

From _____ To _____ Date _____