

EVIDENCE TRANSMITTAL LETTER

File No.: \_\_\_\_\_ Subject: \_\_\_\_\_  
Date of Loss: \_\_\_\_\_ Location: \_\_\_\_\_  
Date Evidence Taken: \_\_\_\_\_  
Date Submitted: \_\_\_\_\_ Policy: \_\_\_\_\_  
Claim: \_\_\_\_\_

Laboratory Processing Evidence: Armstrong Forensic Laboratory, Inc.  
330 Loch' N Green Trail Arlington, TX 76012 (817) 275-2691 Fax: (817) 275-1883

Evidence Taken by: \_\_\_\_\_  
Evidence Transmitted by: \_\_\_\_\_  
Evidence Received by: \_\_\_\_\_

Identification of Samples	Location Taken From
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Examination Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of Scene: \_\_\_\_\_  
(weather-altered, \_\_\_\_\_  
undisturbed, etc.) \_\_\_\_\_

Send Original Report and Billing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_  
Send Copy Report: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/Fax/Email: \_\_\_\_\_