# *Armstrong Forensic Laboratory, Inc.*

# *Chain of Custody*

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General Analysis

| **Contact:** | **Loss ID:** | **AFL Case No:** |
|---|---|---|
| Client: | Client Case No: | Date Received: |
| Address: | Site: | TAT: Regular Rush Priority |
| | Date of Loss: | Services Requested |
| Email: | Claim No: | |
| Phone: Fax: | Policy No: | |

Evidence / Collection Information

| Lab Use Only | Field Identification | Date | Time | | Type | | | | | | | |
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| Notes: | Released By: (Signature) | Date/Time | Received By: (Signature) | Date/Time |
|---|---|---|---|---|
| | Released By: (Signature) | Date/Time | Received at Lab By: | Date/Time |