

Contact:		Loss ID:			AFL Case No:									
Company:		Client Case No:			Date Received:									
Address:		Site:			Circle TAT:		Regular	Rush	Priority					
		Date of Loss:			Services Requested									
Email:		Claim No:												
Phone:() Fax:()		Policy No:												
Lab Use Only	Evidence Information			Collection Information										
	Field Identification			Date	Time	Type								
Notes:		Released By: (Signature)		Date/Time		Received By: (Signature)			Date/Time					
		Released By: (Signature)		Date/Time		Received at Lab By:			Date/Time					