



EVIDENCE RECEIVING UNIT (ERU)

SOP/WS/L4/008	PFSA Case Submission Form	Issue on	22-01-2021	Revision	1.3
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PFSA Case Submission Form

<p>FOR PFSA USE ONLY</p> <p>PFSA Case#: 20 - _____</p> <p>Linkage/Old PFSA Case #: _____</p>	<p>TO BE FILLED BY SUBMITTING AGENCY</p> <p>FIR/Letter #: _____</p> <p>Road Certificate #: _____</p>
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TO BE FILLED BY SUBMITTING AGENCY

<input type="checkbox"/> Audio Visual Analysis	<input type="checkbox"/> Computer Forensic	<input type="checkbox"/> Firearms & Tool Marks	<input type="checkbox"/> Narcotics
<input type="checkbox"/> Polygraph Examination	<input type="checkbox"/> Pathology	<input type="checkbox"/> Questioned Documents	<input type="checkbox"/> Toxicology
<input type="checkbox"/> Trace Chemistry	<input type="checkbox"/> DNA & Serology	<input type="checkbox"/> Latent Fingerprints	

Description of Evidence	Test Required
_____	_____
_____	_____
_____	_____

Submitting Agency/P.S: _____ Address: _____

District/ Province: _____ P.S Phone #: _____

Investigation Officer: _____ Mobile/Phone #: _____

Submitted By (Name): _____ Belt #: _____ Mobile/Phone #: _____

Comments/Special, if any: _____	<i>Signature of Submitter</i>
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FOR PFSA USE ONLY

Is evidence sealed properly? Yes <input type="checkbox"/> No <input type="checkbox"/> If 'No' then → Sealed By: _____	
Received by: _____	Name, Sign and Date
Initials: _____	Date: _____ Time: _____ AM/PM
Stored in: _____	by _____ on _____ @ _____ AM/PM
<i>(Room #)</i>	<i>(Name)</i> <i>(Date)</i> <i>(Time)</i> <small>(For Satellite Station Use only)</small>

In-charge Evidence Receiving Unit

FOR CONCERNED DEPARTMENT AT PFSA

Transferred to: _____	by _____	on _____	@ _____	AM/PM
<i>(Name)</i>	<i>(Name)</i>	<i>(Date)</i>	<i>(Time)</i>	
Stored in: _____	by _____	on _____	@ _____	AM/PM
<i>(Room #)</i>	<i>(Name)</i>	<i>(Date)</i>	<i>(Time)</i>	