

**EVIDENCE RECEIVING UNIT (ERU)**

SOP/WS/L4/008	PFSA Case Submission Form	Issue on	01-01-2016	Revision	1.1
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PFSA Case Submission Form

FOR PFSA USE ONLY	TO BE FILLED BY SUBMITTING AGENCY
PFSA Case #: 2016 _____	FIR/Letter #: _____
Linkage/Old PFSA Case #: _____	Road Certificate #: _____

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 #: _____	
Submitted By (Name): _____		Mobile/Phone #: _____	
Comments / Special, if any: _____		<i>Signature of Submitter</i>	

FOR PFSA USE ONLY

Is evidence sealed properly? Yes <input type="checkbox"/> No <input type="checkbox"/> If not then → Sealed By: _____
Received by: _____ Initials: _____ Date: _____ Time: _____ AM/PM

FOR CONCERNED DEPARTMENT AT PFSA

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

*Incharge Evidence Receiving Unit***CONTROLLED
COPY****1**