



FORENSIC ANTHROPOLOGY LABORATORY SUBMISSION FORM & CHAIN OF CUSTODY LOG

Name and Address:

Phone Number & Email Address:

Medical Examiner Case Number:

Police Agency Name and Case Number:

UPS or FED-EX Tracking Number:

CHECK SERVICES REQUIRED:

_____ FULL SKELETAL ANALYSIS/AUTOPSY

_____ ISOTOPE ANALYSIS

_____ FORENSIC IMAGING

USF CASE NUMBER: _____

DATE RECEIVED: _____

USF PERSONNEL: _____

Item Number	Bag/Container Label and Description

Item #	Transfer From	Transfer To	Date	Reason
	Signature	Signature		
	Printed Name	Printed Name		

Item #	Transfer From	Transfer To	Date	Reason
	Signature	Signature		
	Printed Name	Printed Name		

Item #	Transfer From	Transfer To	Date	Reason
	Signature	Signature		
	Printed Name	Printed Name		