



FORENSIC ANTHROPOLOGY LABORATORY

SUBMISSION FORM & CHAIN OF CUSTODY LOG

SUBMITTING AGENCY

Name & Address: _____

Phone Number & Email Address: _____

Medical Examiner Case Number: _____

Police Agency Name & Case Number: _____

UPS or FED-EX Tracking Number: _____

CHECK SERVICES REQUIRED:

_____ Full Skeletal Analysis/Autopsy

_____ Isotope Analysis

_____ Facial Imaging

USF CASE NUMBER:

DATE RECEIVED:

USF PERSONNEL:

PLEASE INCLUDE THE FOLLOWING (WHEN AVAILABLE):

_____ ME Report

_____ Investigating Agency Report

_____ Autopsy Photos

_____ Forensic Anthropology Report

_____ Scene Photos

_____ Radiographs & Dental Radiographs

ITEM NUMBER	BAG/CONTAINER LABEL & DESCRIPTION			
ITEM #	TRANSFER FROM	TRANSFER TO	DATE	REASON
	Signature	Signature		
	Printed Name	Printed Name		
	Signature	Signature		
	Printed Name	Printed Name		
	Signature	Signature		
	Printed Name	Printed Name		