

Virginia Department of Forensic Science
BLOOD SAMPLE OR BUCCAL SWABS INVENTORY

Date/Opened By: _____ FS Lab# _____

Name on Evidence/RFLE: _____

Container#: _____ Item#: _____ Submission #: _____ Type of Seal: _____

PACKAGING DESCRIPTION: _____

SWAB ENVELOPE: **OPENED?** **IF OPENED, # SWABS**

Buccal Y _____ N _____ Y _____ N _____

LIQUID SAMPLE:

Blood Sample Y _____ N _____ Stain Card Prep Date: _____

Blood Tube Type: _____ # _____

COMMENTS: _____

INVENTORY VERIFIED UPON RE-OPENING (date/initials): _____

UNCONTROLLED
COPY