SERIAL NUMBER WORKSHEET

FS LAB #:_____

EXAMINER:_____

Start Date:_____

End Date:_____

Item #: _____ Cont. # Description:_____

Evidence Description:_____

Location of Obliteration:_____

Method of Obliteration:_____

Magnetic Base Material: ☐ YES ☐ NO Microscope Used _____Stereo _____Comparison

Characters Observed as Received: ☐ None Observed

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Surface Cleaned: ☐ YES ☐ NO Cleaned with: _____

Restoration Method	Numbers Visible after Restoration Method									

Final Result:

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Notes: (Include Lot#s of reagents used)

Verification: _____

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