

ITEM #: _____

ANALYST: _____

DATE: _____

FS LAB#: _____

Type of seal: _____

PRELIMINARY RESULTS

DESCRIPTION	APPEARANCE	AP	SPERM/SEMINAL FLUID EXTRACT	p30	BLOOD PTMB	NOTES
Known Sample	Name					
Ext. mouth / oral						
Genital						
Anal / perineal						
Finger / nail						
Other						
<p style="font-size: 2em; opacity: 0.5;">UNCONTROLLED</p>						
CONTROLS:		Semen:		Semen:		:Blood
		Blank:		Blank:		:Blank