

Virginia Department of Forensic Science  
SUSPECT (<24 HOURS) PERK INVENTORY

Date/Opened By: \_\_\_\_\_ FS Lab# \_\_\_\_\_

Name on PERK: \_\_\_\_\_

Container#: \_\_\_\_\_ Item#: \_\_\_\_\_ Submission#: \_\_\_\_\_ Type of Seal: \_\_\_\_\_

(One medium blue envelope, unless otherwise specified)

**SWAB ENVELOPES:**

	Y	N	Y	N	IF OPENED #/SWABS
Control	_____	_____	_____	_____	_____
Pubic Area	_____	_____	_____	_____	_____
Buccal	_____	_____	_____	_____	_____

**LIQUID SAMPLE:**

Blood Sample Y \_\_\_\_\_ N \_\_\_\_\_ Stain Card Prep Date: \_\_\_\_\_  
Blood Tube Type: \_\_\_\_\_ # \_\_\_\_\_

**OTHER:**

	Y	N	Y	N	COMMENTS
Head Hair Standard	_____	_____	_____	_____	_____
Pubic Hair Standard	_____	_____	_____	_____	_____
Pubic Combings	_____	_____	_____	_____	_____
Underpants	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

**COMMENTS:** \_\_\_\_\_

**INVENTORY VERIFIED UPON RE-OPENING** (date/initials): \_\_\_\_\_