SERIAL NUMBER WORKSHEET

FS LAB #_____

Start Date_____

End Date_____

Item # _____ Cont. # Description/Condition_____

Evidence Description_____

Location of Obliteration_____

Method of Obliteration_____ _____

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

Characters Observed as Received: ☐ None Observed

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Surface Prepared: ☐ YES ☐ NO Techniques _____

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Restoration Method	Numbers Visible after Restoration Method									
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

VIRGINIA DEPARTMENT OF FORENSIC SCIENCE

Final Result:

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____

Notes: (Include Lot #s of reagents used)

Verification: _____

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