

**MEMORANDUM FOR RECORD**

From: \_\_\_\_\_ Handwritten Initials: \_\_\_\_\_  
Date: \_\_\_\_\_  
Subject: \_\_\_\_\_

**DISTRIBUTION: (mark with an X; mark distribution of original with XX)**

____ Director	FS Lab #:	_____
____ Deputy Director	Laboratory Director:	_____
____ DTS	Program Manager:	_____
____ QAC	Supervisor, Section:	_____ Laboratory: _____
____ Counsel	Other:	_____

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