COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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DAN ONORATO
CHIEF EXECUTIVE

KARL E. WILLIAMS, M.D., M.P.H.
MEDICAL EXAMINER

ABDULREZAK SHAKIR, M.D.
ASSOCIATE MEDICAL EXAMINER

ROBERT M. HUSTON
DIRECTOR FORENSIC LABORATORY

SUBMITTAL FORM – DRUG CHEMISTRY SECTION

1. AGENCY INCIDENT #: _____
2. NEW SUBMITTAL: **YES** **NO** IF NO, PRIOR LAB NUMBER: _____
3. TYPE OF OFFENSE OR OCCURRENCE: _____
4. DATE AND TIME OF OFFENSE OR OCCURRENCE: _____
5. LOCATION OF OFFENSE OR OCCURRENCE: (STREET, CITY, BOROUGH, TOWNSHIP, ETC.)

   _____
6. FACTS OF OFFENSE OR OCCURRENCE:

7. ACTOR'S NAME: _____ OTN: _____ SEX: _____ AGE: _____
   ACTOR'S NAME: _____ OTN: _____ SEX: _____ AGE: _____
   ACTOR'S NAME: _____ OTN: _____ SEX: _____ AGE: _____
   ACTOR'S NAME: _____ OTN: _____ SEX: _____ AGE:: _____
8. EVIDENCE INVENTORY:

ITEM	DRUG SUSPECTED	EVIDENCE DESCRIPTION	BIOHAZARD
			☐
			☐
			☐
			☐
			☐
			☐
			☐

9. LIST ITEM(S) THAT NEED LATENT PROCESSING:

   _____
10. HEARING DATE: _____
11. INVESTIGATING OFFICER: _____ PHONE NUMBER: _____
12. SUBMIT LABORATORY REPORT TO: (NAME, ADDRESS, AND TELEPHONE NUMBER OF AGENCY):