COUNTY OF ALLEGHENY

OFFICE OF THE MEDICAL EXAMINER

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DAN ONORATO
CHIEF EXECUTIVE

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MEDICAL EXAMINER

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ASSOCIATE MEDICAL EXAMINER

ROBERT M. HUSTON
DIRECTOR FORENSIC LABORATORY

SUBMITTAL FORM – SEROLOGY 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: _____ Age: _____ Sex: _____ Race: _____ OTN: _____
   Actor's Name: _____ Age: _____ Sex: _____ Race: _____ OTN: _____
   Actor's Name: _____ Age: _____ Sex: _____ Race: _____ OTN: _____
   Actor's Name: _____ Age: _____ Sex: _____ Race: _____ OTN: _____
8. Victim's Name: _____ Age: _____ Sex: _____ Race: _____
   Victim's Name: _____ Age: _____ Sex: _____ Race: _____
9. Condition of Victim: Unharmed: _____ Injured: _____ Where: _____ Deceased: _____
   Condition of Victim: Unharmed: _____ Injured: _____ Where: _____ Deceased: _____
   Condition of Actor: Unharmed: _____ Injured: _____ Where: _____ Deceased: _____
10. Evidence inventory:

Item	Evidence Description	Examination Requested

11. List Item(s) that need Latent Processing (Latent Section Submittal Form is required):

    _____
12. Hearing Date: _____
13. Investigating Officer: _____ Phone Number: _____
14. Submit Laboratory Report to: (Name, Address, and Telephone Number of Agency):