

EXHIBITS FOR INSTITUTE OF FORENSIC SCIENCE & LEGAL MEDICINE

Division _____

Offence _____

Station _____

Complainant or Dec'd _____

I/O _____

Susp. or Acc'd _____

I/O Contact No. _____

Submitting Officer _____

Case Register No. _____

FL No. _____
(FOR LABORATORY USE ONLY)

Brief History of Case

PARTICULARS OF EXHIBITS

Mark	Description

NOTES FOR LABORATORY USE ONLY

PARTICULARS OF EXHIBITS

FOR LABORATORY USE ONLY

Remarks: _____

Date & Time Received: _____
(DD/MM/YYYY)

Government Analyst: _____

Date & Time Returned	Issuing Officer	Receiving Officer	Remarks