**INSTITUE OF FORENSIC SCIENCE AND LEGAL MEDICINE**

**CASE / EXHIBIT REJECTION FORM**

DIVISION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE RECEIVAL / FORENSIC OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ESCORT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESCORT’S REG. NO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT No. (INVESTIGATING OFFICER): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE TITLE (**if applicable**): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REFERENCE NUMBER (**if applicable**): IFSLM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CASE REJECTION No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*INDICATE REASON(S) FOR REJECTION BY PLACING A TICK IN THE BOX (ES) WHERE APPLICABLE*

**GENERAL CONSIDERATIONS**

* EXHIBITS / SAMPLES SUBMITTED BY COURIERS OR CIVILIAN ESCORTS
* EXHIBITS OF NO PROBATIVE OR EVIDENTIAL VALUE
* EXHIBITS WITH MORE THAN ONE NAMES OR WRONG NAME ON A BIOLOGICAL SAMPLE
* FORMS NOT PROPERLY COPIED OR FROM WHICH PORTIONS OF THE ORIGINAL ARE MISSING
* ITEMS SUBMITTED ARE NOT RELATED TO THE FUNCTIONS PERFORMED BY THE INSTITUTE
* MISSING SUMMARY OF FACTS FOR SUBMITTED CASE
* ITEMS PRESENTED AFTER THE SPECIFIED COLLECTION TIME
* EXCESSIVE NUMBER OF ITEMS PRESENTED AT OR NEAR THE DAILY DEADLINE FOR COLLECTION OF EXHIBITS
* ABSENCE OF FORENSIC FORMS FOR EXHIBITS OF THE SAME CASE, PREVIOUSLY SUBMITTED

**GENERAL STATE/CONDITION OF PACKAGING**

* WET, BLODDY, MILDEWED OR DAMAGED
* UNSEALED
* EXHIBIT IN PACKAGING NOT CORRESPONDING TO DESCRIPTION ON PACKAGING
* CORRECTION FLUID ON PACKAGING OR EXHIBIT FORM

**STATE/CONDITION OF EXHIBIT**

* INSUFFICIENT INFORMATION ON PACKAGING AND/OR EXHIBITS
* WET, MILDEWED, MAGGOT OR INSECT-INFESTED EXHIBITS
* EXHIBITS COVERED WITH FEACES
* BIOLOGICAL SAMPLES NOT LABELLED
* SWABS FROM SCENES OR CRIME NOT LABELLED
* GLASS OR FRAGILE ITEM FROM WHICH A SWAB CAN BE OBTAINED BY ECENE OF CRIME PERSONNEL

**BIOLOGY DEPARTMENT**

* EXTRA LARGE OR BULKY EXHIBITS e.g. Car seats etc.
* TAPELIFTS NOT PROPERLY LABELLED
* CLOTHING ITEMS FROM ACCUSED IF NO OTHER EXHIBITS FROM THE CASE HAS BEEN SUBMITTED
* MAKESHIFT SAFE KITS (BAGS, ENVELOPES OR CARTONS WITH BIOLOGICAL SAMPLES NOT LABELLED)
* OVERSAMPLING FROM SCENES OF CRIME AND OR SUSPECTS
* FOOD ITEMS FOR DNA ANALYSIS
* DNA REFERENCE WITH PACKAGING TAMPERED WITH, DAMAGED OR MISSING LABELS OR UNLABELLED

**FIREARMS AND TOOLMARKS DEPARTMENT**

* GUNS SUBMITTED WITHOUT ANY INFORMATION
* EXHIBIT NOT IN APPROPRIATE PACKAGING OR NO PACKAGING
* EXHIBIT COVERED IN BLOOD OR TISSUE

**CHEMISTRY DEPARTMENT**

* SWABS FOR GSR
* UNLABELLED STUBS FOR GSR
* DUPLICATE SAMPLING OF EXHIBITS
* STUBS/CLOTHING FOR GSR FROM ACCIDENTAL DISCHARGE OF FIREARM (eg. While cleaning firearm)
* STUBS/CLOTHING FOR GSR IN POSSESSION OF FIREARM AND/OR AMMUNITION CASES
* STUBS/CLOTHING FOR GSR FROM POLICE/MILITARY/LICENCE FIREARM HOLDER
* STUBS/CLOTHING FOR GSR FROM INCIDENTS INVOLVING ANIMAL BEING SHOT
* MISSING SPECIMEN LABELS FOR TOXICOLOGY SAMPLES
* MULTIPLE LABELS ON SAMPLES FOR TOXICOLOGY e.g. with different names
* SAMPLES FROM POSTMORTEMS PERFORMED BY PATHOLOGISTS OTHER THAN GOVERNMENT (FORENSIC) PATHOLOGISTS – EXCEPTIONS: APPROVED AFFILIATES
* SAMPLES FROM POSTMORTEMS THAT ARE NOT CORONER’S CASES
* CASES WITH MORE THAN ONE GSR STUB FROM EACH HAND AND WHICH HAVE NO CONTROL STUB

**CAN THE EXHIBIT(S) BE RETURNED TO THE LAB**  **YES** **NO**

IF **YES**, Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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IF **NO**, Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Signature of Case Receival / Forensic Officer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorizing Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Stamp \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**