

Virginia Department of Forensic Science  
**BLOOD SAMPLE OR BUCCAL SWABS AND HAIR SAMPLES KIT INVENTORY**

Date/Opened By: \_\_\_\_\_ FS Lab# \_\_\_\_\_

Name on PERK: \_\_\_\_\_

Container#: \_\_\_\_\_ Item#: \_\_\_\_\_ Submission #: \_\_\_\_\_ Type of Seal: \_\_\_\_\_

(One small orange envelope, unless otherwise specified)

**SWAB ENVELOPES:**

		OPENED?	IF OPENED #SWABS
Control	Y ___ N ___	Y ___ N ___	_____
Buccal	Y ___ N ___	Y ___ N ___	_____

**LIQUID SAMPLE:**

Blood Sample Y \_\_\_ N \_\_\_ Stain Card Prep Date: \_\_\_\_\_

Blood Tube Type: \_\_\_\_\_ # \_\_\_\_\_

**OTHER:**

		OPENED?	COMMENTS
Head Hair Standard	Y ___ N ___	Y ___ N ___	_____
Pubic Hair Standard	Y ___ N ___	Y ___ N ___	_____
Other	Y ___ N ___	Y ___ N ___	_____
Other	Y ___ N ___	Y ___ N ___	_____

**COMMENTS:** \_\_\_\_\_

UNCONTROLLED

**INVENTORY VERIFIED UPON RE-OPENING** (date/initials): \_\_\_\_\_

COPY