



MINNESOTA MISSING PERSON'S DNA PROJECT *Evidence Tracking Form*

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Distribution: FSS

NCIC Entering Agency

NCIC Entering Agency: _____ Agency Case Number: _____

Address: _____ NCIC Number: _____

Contact Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Collecting Agency

Collecting Agency: _____

Address: _____ Phone Number: _____

_____ Fax Number: _____

Contact Name: _____

Email Address: _____

Evidence Submitted

Item	Quantity	Evidence Description	Collected by:
		One sample collection pouch containing _____ swabs	_____ initials
		Collected from _____ Print name of sample provider	_____ date

Chain of Custody

Received by: _____
Signature Printed Name Date/Time Released

Released to: United States Postal Service

Received by: _____