

# MINNESOTA MISSING PERSON'S DNA PROJECT

## \*Evidence Tracking Form\*

### 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 No.	Qty.	Description of Articles	Collected By
1	1	One sample collection pouch containing _____ swabs	Date: _____
		Collected from _____ Print Name of Sample Provider	Initials: _____

### Chain of Custody

Received by: \_\_\_\_\_  
Signature Printed Name Date/Time Released

Released to: United States Postal Service

Received by: \_\_\_\_\_  
Signature Printed Name Date/Time Released

