

GSR Case Processing Form

COUNTY OF LOS ANGELES - DEPARTMENT OF MEDICAL EXAMINER

1104 N. MISSION RD., LOS ANGELES, CALIFORNIA 90033
PHONE: 323-343-0503 EMAIL: LACGSR@ME.LACOUNTY.GOV

Case#:
Agency:
Contact Person:
Address:

Date Submitted:
Due Date:
No. of 2 sample kits:
LACME# of
Related Cases:

Telephone:
Email:

Special Instructions:

LACME#:

Billing Information

Attention to:
Agency:
Address:

For office use only: This tender has been received and reviewed by _____ on ____/____/____.
Accepted _____ Rejected _____ Reason rejected: _____

Telephone:
Email:

Evidence Return

Attention to:
Address:

By submitting evidence to this laboratory, you are agreeing to:

- Testing of GSR adhesive lift samples by Scanning Electron Microscopy/Energy Dispersive X-Ray Spectroscopy (SEM/EDS).
- Testing of two samples per kit initially, unless otherwise specified:
 - for hands, this will be the backs.
 - for kits collected from other items, this will be the two samples with the most probative value according to the supplied information.
- Submitted clothing or other items survey sampled utilizing a single stub per item of packaging unless otherwise directed.
- Testing according to procedures/methods maintained by this laboratory, which are available for review upon request in the form of an Extended Discovery Package.
- *Being billed for this analysis and, if requested, any Discovery Packages and/or testimony relating to this analysis (testimony fees are per hour, door to door).

Telephone:
Email :

Package your evidence along with this form and send to:

Attention: Debra Gibson and/or Samantha Ingalls
1104 N. Mission Rd.
Los Angeles, CA 90033

**Please contact us for current pricing.*