Full Case Review Version 3

Latent Evidence Section Effective Date: 01/05/2017

**Latent Evidence Section – Full Case Review**

Case Number: Click here to enter text.

Type of Examination: Click here to enter text.

Type of Case: Click here to enter text.

Analyst: Click here to enter text.

Reviewed By: Click here to enter text.

Date of Review: Click here to enter text.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Labeling of Evidence** | **YES** | **N/A** | **Report in Compliance** | **Yes** | **N/A** |
| Case Number Noted |  |  | Item(s) Submitted |  |  |
| Lab Item Number(s) |  |  | Type of Examination Requested |  |  |
| Date(s) Received |  |  | Results |  |  |
| Initials |  |  | Disposition |  |  |
| **Case Notes** | | | Header Info Accurate |  |  |
| All Items Accounted for in Worksheet/Results |  |  | Address Change Documented |  |  |
| Processing within Approved Standards |  |  | Report Supports/Corresponds with Analysis |  |  |
| Sufficient Documentation |  |  | CC’d Individual(s) |  |  |
| QC Information |  |  | **Additional Documentation** | | |
| Prints/Impressions Preserved |  |  | Admin. Page(s) |  |  |
| Elimination Prints Obtained/Submitted |  |  | Communication Log(s) |  |  |
| Comparison Conducted |  |  | Foray Report |  |  |
| SAFIS/AFIT Entries |  |  | Request for Elimination Print Information |  |  |
| Verification(s) Documented |  |  | CV in OR |  |  |
| Lifts/Photographs Labeled |  |  | ACE-V Sheet in OR |  |  |
| Summary of Unidentified Prints in Results |  |  | SAFIS/AFIT Match Reports in OR |  |  |
| Identifications Saved/Retained |  |  | All Lifts/Photographs/Knowns in OR |  |  |
| Consultation Noted |  |  |  | | |
| Negative Results Verified/Review Conducted |  |  |
|  | | |
| Additional Comments:  Click here to enter text. | | | | | |
|  | | | | | |

Form Approved By:  Form Page **1** of **1**