

# GSR Case Processing Form

## COUNTY OF LOS ANGELES

### DEPARTMENT OF MEDICAL EXAMINER - CORONER

1104 N. MISSION RD., LOS ANGELES, CALIFORNIA 90033

Ph: 323-343-0503 Email: gsr@coroner.lacounty.gov

PrintForm

Please print a copy to  
send with the GSR kit(s)  
Thank you!

Case#:

Date Submitted:

10/13/15

Agency:

Due Date:

Contact Person:

No. of 2 sample Kits:

Telephone:

Related to other Kits Sent?

LACDOC#

email :

#### Billing Info:

Attention to:

Agency:

Address:

Telephone:

#### Evidence Return

Attention to:

Address:

Telephone:

email :

#### Package your evidence and send to:

1104 N. Mission Rd.

Los Angeles, CA 90033

Attention: Margaret Kaleuati or Debra Gibson

Please contact us for current pricing.

Special  
Instructions

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

Testing of GSR kit 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 most probative value according to the supplied information.

Submitted clothing or other items being 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.

LACDOC#:

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