



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME LABORATORY

Gunshot Residue (GSR) Kit Information Form

LAB-211 Rev.00a (09/2019) p.1 Issued by: SQM

Complete all information requested and submit white copy with a LAB-201, return yellow copy to kit, and retain pink copy.

Collecting Officer _____ Phone _____

Agency _____ Fax _____

Agency Case Number _____

Offense Homicide Suicide Assault Drive-by Other _____

Individual (S = Suspect, V = Victim) Information

S / V	Name (Last, First, Middle, Suffix)	DOB
Subject is:	<input type="checkbox"/> Right-handed	<input type="checkbox"/> Left-handed <input type="checkbox"/> Unknown
Was subject shot?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Any debris and/or suspected blood on subject's hands?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has subject washed their hands since shooting?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown	
Was the subject in possession of a firearm when detained?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Subject's Occupation (if known): _____		
Subject's Hobbies (if known): _____		
Brief description of subject's activity between the time of the shooting and the time of the GSR collection: _____ _____		

Shooting Incident Information

Date and time shooting occurred: Date _____ Time _____ AM PM

Date and time of evidence collection: Date _____ Time _____ AM PM

Shooting location (e.g., kitchen, parking lot, indoors, outdoors): _____

Type of firearm used: _____

Firearm caliber: _____

Ammunition manufacturer*: _____

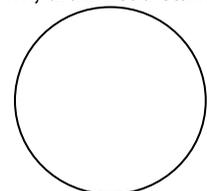
Ammunition caliber: _____

Number of shots fired: _____

Collecting Officer: _____ AM PM

Signature _____ Date _____ Time _____

*Note: If ammunition manufacturer is unknown, draw head stamp here:



Base of Cartridge

White Copy – Submit with LAB-201

Yellow Copy – Place Inside GSR Kit

Pink Copy – Retain