MDE Inc.

PAGE _____ OF _____

REQUEST FOR EXAMINATION OF EVIDENCE & CHAIN OF CUSTODY

MDE JOB #	
JOB NAME	
MDE CONTACT	

BILLING INFORMATION:	
CLIENT NAME	CLAIM/CASE #
COMPANY	DATE OF LOSS
ADDRESS	PHONE
	FAX
EMAIL	MOBILE

ITEM #	SAMPLE DATE	ITEM DESCRIPTION	ANALYSIS REQUESTED

RELEASED TO MDE BY:

SIGNATURE DATE

PRINTED NAME

COMPANY

PHONE

RECEIVED AT MDE BY:

SIGNATURE DATE

, MDE INC.

PRINTED NAME

SUBMITTAL METHOD: ☐ IN PERSON ☐ UPS / FED EX / DHL ☐ US MAIL ☐ OTHER: _____

EVIDENCE DISPOSITION AFTER ANALYSIS / EXAMINATION

☐ STORE UNTIL NOTIFIED IN WRITING BY CLIENT (DEFAULT) ☐ RETURN ☐ DISPOSE / SCRAP

☐ SHIP TO:

NAME MAILING ADDRESS

COMPANY

PHONE

RELEASED FROM MDE TO:

SIGNATURE DATE

PRINTED NAME

COMPANY

PHONE

RELEASED FROM MDE BY:

SIGNATURE DATE

, MDE INC.

PRINTED NAME

RELEASE METHOD: ☐ IN PERSON ☐ UPS / FED EX / DHL ☐ US MAIL ☐ OTHER: _____

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