



## South Carolina Law Enforcement Division

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*Henry D. McMaster, Governor*

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### **FORENSIC SERVICES LABORATORY CUSTOMER NOTICE 2019-01 February 8, 2019**

#### **PACKAGING OF DRUG EVIDENCE – SLED BEST KITS**

The SLED Forensic Services Division would like to notify our customers that we will be providing BEST kits to customers for packaging of drug evidence. There has been a slight delay in the procurement/production process due to the passing of our long-time contract provider. A new vendor has been selected and release of new kits is anticipated in mid-February.

SLED BEST Evidence Kits are not required for packaging drug evidence. BEST kits are designed to provide law enforcement officers a method to seal and secure evidence in the field and to provide some consistency in packaging of items that are submitted to the laboratory. The only requirement is that the evidence be secured and the proper paperwork accompany the evidence. If Evidence is pre-logged, the sealed evidence may be submitted with the packing slip for testing at the SLED Forensic Services Laboratory. We do ask that a BEST Testing form (attached) or other form of inventory/case history accompany any drug evidence so that our drug chemists are provided with inventoried list of the sealed items.

We thank you for your patience as we transition to a new packaging vendor and also as we experience an increase in submissions due to recent changes in Marijuana testing policy.



*An Accredited Law Enforcement Agency*



USE BALLPOINT PEN AND PRESS FIRMLY, PRINT ALL INFORMATION  
EXCEPT WHERE SIGNATURE IS REQUIRED

## SLED DRUG ANALYSIS REQUEST

LAB NO. \_\_\_\_\_ CONTROL NO. \_\_\_\_\_  
COUNTY. \_\_\_\_\_ WARRANT NO. \_\_\_\_\_

**INCIDENT**

Contributing Agency ORI SCO \_\_\_\_\_ Contributing Agency Case No. \_\_\_\_\_  
New Case  Additional Evidence  Case No. \_\_\_\_\_  
Type of Crime \_\_\_\_\_  
Incident Date \_\_\_\_\_  
Incident Address \_\_\_\_\_  
\_\_\_\_\_

Report should be mailed to:

Name of Individual Receiving Report \_\_\_\_\_ Rank \_\_\_\_\_  
Department \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Street Address or Post Office Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**SUBJECTS**

_____	_____	_____	Race _____ Sex _____ DOB _____
LAST	FIRST	MIDDLE	DL, SS or FBI No. _____
_____	_____	_____	Race _____ Sex _____ DOB _____
LAST	FIRST	MIDDLE	DL, SS or FBI No. _____
_____	_____	_____	Race _____ Sex _____ DOB _____
LAST	FIRST	MIDDLE	DL, SS or FBI No. _____

The Items submitted below will be examined with your assurance that the submitted specimens have not been nor will be submitted to any other laboratory or agency for Technical or Scientific examination.

**EVIDENCE**

Specimens submitted for examination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
PRINT Name of Requesting Officer

\_\_\_\_\_  
SIGNATURE Of Requesting Officer