CONSTRUCTION/RECEIPT OF TRAINING AIDS

ORDER FORM NUMBER

FROM:
NCIS REGIONAL FORENSIC LABORATORY
9079 HAMPTON BLVD STE 110
NORFOLK VA 23505-1908

TO:

TYPE OF SUBSTANCE

☐ COCAINE ☐ HASHISH ☐ HEROIN ☐ MARIJUANA ☐ METHAMPHETAMINE

GRAM SIZE	CONTROL NUMBER	GROSS WEIGHT	GRAM SIZE	CONTROL NUMBER	GROSS WEIGHT

PACKAGED BY	SIGNATURE	DATE

REMARKS

ACKNOWLEDGEMENT OF RECEIPT

PRINTED NAME AND GRADE OR RATE	SIGNATURE	DATE RECEIVED

COMPLETE NAME AND ADDRESS	TELEPHONE (DSN & COMM.)

OPNAV 5585/9 (JAN 1997)