



EPIC 143

National Clandestine Laboratory Seizure Report Automated Form



I. Introduction

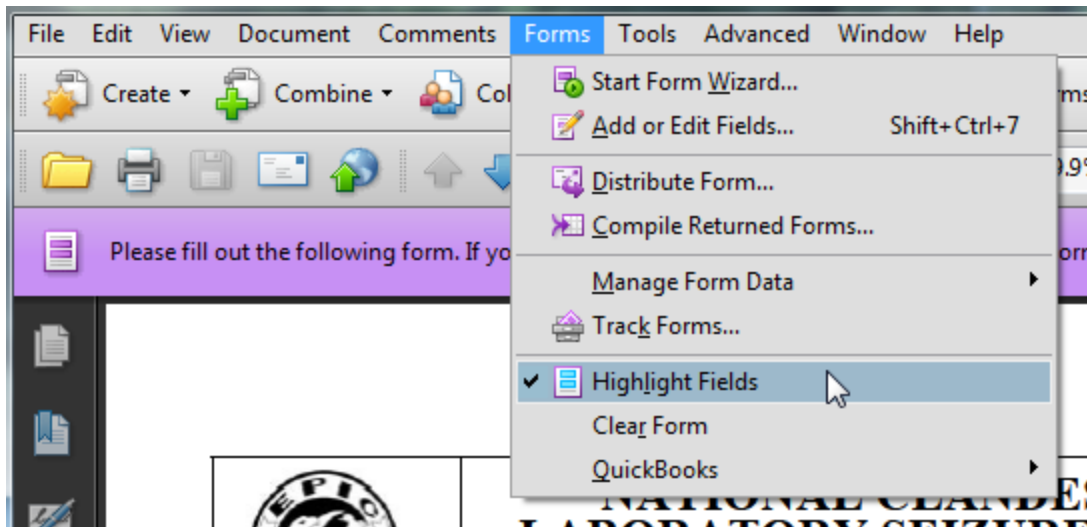
The National Clandestine Laboratory Seizure (CLS) Form EPIC 143 that EPIC has been using is now available in an automated FDF format. The form is a FDF and can be submitted electronically via e-mail to EPIC. The form can then be printed or saved as a PDF for use locally or by state agencies.

II. Purpose

The purpose of this document is to explain the use of the Form EPIC 143, how to fill it out, and then how to send the seizure information to EPIC.

III. The Form EPIC 143 Clan Lab Automated Edition


Fields marked by a red box around them are the required fields on the Form EPIC 143. To turn on the highlighted fields to see what is required go to the forms menu in adobe and select Highlight Fields.



When you select a box in a “check one” section, the unselected choices will stay highlighted as a reminder that the field is mandatory. For instance, the TYPE OF REPORT section has Lab Seizure checked and the other 2 choices still have the red box indicating a required field in that section. In Section II, the Seizure Location section, the Family Dwelling is checked and all the other fields still have the red outline.

Automated CLS Form EPIC 143

OMB NO. 1117-0042
EXP. DATE 8/31/2013
E-Form version 1.0.0

SUBMIT				NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT		TYPE OF REPORT*	
Entered data must meet 28 CFR Part 23 guidelines.						<input checked="" type="checkbox"/> Lab Seizure <input type="checkbox"/> Chem/Glassware/Equip Seizure (Only) <input type="checkbox"/> Dumpsite Seizure (Only)	
I Reporting Office (An asterisk symbol (*) indicates a mandatory field)							
Seizure Date * (MM-DD-YYYY)		Agency *		ORI *		Agency City *	
11-12-2011		DEA		TXDEA0800		El Paso	
Agency State *	Case or File Number *	File Title		E143 ID (for EPIC use - autogenerated)			
TX	11-123-456	Meth bust		TXDEA0800-11122011-11123456-L			
Reporting Officer/Agent Name * (First, Last)				Telephone Number *		COPS Number (DEA 'S' Number) *	
Robin Hood				(915) 760-2000			
II Seizure Location* (Check one – put additional information in Remarks Section)							
<input type="checkbox"/> Apartment/Condo	<input type="checkbox"/> Hotel/Motel	<input checked="" type="checkbox"/> Family Dwelling	<input type="checkbox"/> Storage Facility	<input type="checkbox"/> Business			
<input type="checkbox"/> Outbuilding	<input type="checkbox"/> Vehicle	<input type="checkbox"/> Dumpster	<input type="checkbox"/> Open – No Structure	<input type="checkbox"/> Other – Describe in remarks			
III Seizure Neighborhood (Check most appropriate)							
<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Rural		<input checked="" type="checkbox"/> Suburban	<input type="checkbox"/> Urban			
<input type="checkbox"/> Public Land – Describe in remarks							
<input type="checkbox"/> Other – Describe in remarks							
IV Estimated Lab Capacity (Based on seized chemicals, glassware, and equipment on site) (Mandatory if lab seizure is checked)							
<input checked="" type="checkbox"/> Under 2 oz. (less than 1 gal)	<input type="checkbox"/> 2 – 8 oz. (1-5 gal)	<input type="checkbox"/> 9 oz. – 1 lb. (6-10 gal)	<input type="checkbox"/> 2 – 9 lbs. (11-14 gal)	<input type="checkbox"/> 10 – 19 lbs. (= 15 gal)	<input type="checkbox"/> 20 lbs. or Greater		
V Laboratory Status (Check all that apply) (Mandatory if lab seizure is checked)							
<input type="checkbox"/> Operational – Not in Production	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Explosion/Fire					
<input checked="" type="checkbox"/> Operational – In Production	<input type="checkbox"/> Boxed/Dismantled	<input type="checkbox"/> Other – Describe in remarks					

Section I Reporting Office

- Seizure Date (required) is the actual date of the seizure, not the date of reporting the seizure.
- Agency (required) is the full agency name of the office reporting the seizure.
- ORI (required) is the Originating Reporting Identifier. This 9 digit identifier starts with a 2 character state identifier, followed by a 2 or 3 character type designation (SP- State Police, DEA- Drug Enforcement Administration); the rest of the code is numbers to designate the exact location of the agency.
- Agency City (required) location of the reporting agency. Also to be entered as city for the seizing agency in the NSS.
- Agency State (required) location of the reporting agency. Also to be entered as state for the seizing agency in the NSS.
- Case or File Number (required) the case or file number of the incident.
- File Title (not required) used for case or file title is applicable.
- Unique ID (system generated) is a combination of the ORI, the seizure date, and the case number. This number is used to track individual submissions of the form; in the event of issues arising with a submission, this number can be used to determine the submission that had issues.
- Reporting Officer/Agent Name, First & Last (required) First then Last name of person reporting the incident.
- Telephone Number (required) call back number for the person reporting the incident.
- COPS Number (not required) DEA generated number when using DEA for clean-up of incident. The format of this is XX-YY-SZZZ where XX is the state code, YY is 2 numbers, and ZZZ is 3 numbers.

Section II Seizure Location

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Select one (required) from the list of incident locations. If *Other* is selected, be sure to describe the location in the remarks section.

Section III Seizure Neighborhood

Select one (not required) from the list of neighborhoods that best describes the incident area.

Section IV Estimated Lab Capacity

Select one (required if Lab Seizure is the type of report) from the list that best describes the quantity of drugs that can be manufactured in a single batch with the equipment and chemicals at the incident location.

Section V Laboratory Status

Select all that apply (required if Lab Seizure is the type of report) from the list that describe the status of the lab when it was discovered during the incident. If *Other* is selected then the description must be entered in the remarks section.

VI Lab Manufacturing Process (Check ONLY one)					
<input type="checkbox"/> Ephedrine/Phosphorus/Hydriodic Acid Reduction and/or Iodine Reduction	<input type="checkbox"/> Ephedrine/Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)	<input type="checkbox"/> Ephedrine Tablet Extraction			
<input type="checkbox"/> Pseudoephedrine/Phosphorus/Hydriodic Acid and/or Iodine Reduction	<input type="checkbox"/> Pseudoephedrine/Lithium, Sodium or Potassium/ Anhydrous Ammonia (Nazi/Birch)	<input type="checkbox"/> Pseudoephedrine Tablet Extraction			
<input type="checkbox"/> P2P/Methylamine	<input type="checkbox"/> Hydriodic Acid Manufacturing	<input type="checkbox"/> Ice Conversion			
<input type="checkbox"/> Hydrogenation	<input type="checkbox"/> Anhydrous Ammonia Manufacturing	<input checked="" type="checkbox"/> One-Pot Method			
		<input type="checkbox"/> Other - Describe in remarks			
VII Laboratory Equipment (Continue in Remarks)					
<input type="checkbox"/> Homemade/Improvised		<input checked="" type="checkbox"/> Professional/Retail		Store Name: Brian's Meth making place	
				City: El Paso TX	
VIII Laboratory Type (Check all that apply)					
<input type="checkbox"/> Amphetamine	<input type="checkbox"/> Tablet Extraction	<input type="checkbox"/> Anhydrous Ammonia	<input checked="" type="checkbox"/> Methamphetamine	<input type="checkbox"/> Ice Conversion	
<input type="checkbox"/> Hydriodic Acid	<input type="checkbox"/> GHB	<input type="checkbox"/> MDMA	<input type="checkbox"/> Methcathinone	<input type="checkbox"/> PCP	
<input type="checkbox"/> Other - Describe in remarks					
IX Seizure/Laboratory Address* (Either County/State or Lat/Long must be entered)					
Street #	Dir. (E, S, etc.)	Street Name	Suffix (St., Ave., etc.)	Unit # (Apt)	Box #
1212	E	Main	STREET	22B	
State	County* (select state first)	City (select state first)	Zip Code	Latitude (decimal)	Longitude (decimal)
TX	El Paso	El Paso	79966		
X Chemist and Cleanup Personnel*					
Chemist on Site:		Hazmat Contractor Used:	Name of Hazmat Contractor:	Evaluation of Hazmat Contractor:	
<input checked="" type="checkbox"/> None	<input type="checkbox"/> State/Local	<input type="checkbox"/> DEA	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Super Clean	
				<input type="checkbox"/> Excellent <input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Poor **	
**(Provide details in Remarks Section)					
XI Persons Affected (Children are mandatory - indicate 0 when none were affected)					
Total Children Affected	(# 2)	Child Injured	(# 0)	Child Killed	(# 0)
Law Enforcement Killed	(# 0)	Suspect Injured	(# 0)	Suspect Killed	(# 0)
				Law Enforcement Injured	(# 0)

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Section VI Lab Manufacturing Process

Select only one (not required) of the listed processes of manufacturing contraband. If *Other* is selected, then the description must be entered in the remarks section.

Section VII Laboratory Equipment

Select one (not required) Homemade or Professional. Include the store name for professional. Use the remarks section if more information is available.

Section VIII Laboratory Type

Select all that apply (not required) of the laboratory types listed. If *Other* is selected then the description must be entered in the remarks section.

Section IX Seizure/Laboratory Address

Either state, county and city OR the lat/long is required for the incident. The full address can be entered for the incident, but must include the state, county and city. If the Lat/Long is used it must be entered in decimal format and the rest of the address in unnecessary.

Section X Chemist and Cleanup Personnel

Chemist on Site (required) select one. Hazmat Contractor used (not required) select one. Name of Hazmat Contractor (fill in if used) and Evaluation of Hazmat Contractor. If the Evaluation is poor then provide details in the remarks section.

Section XI Persons Affected

Children are required. All entries in this section default to 0. Change the quantities as needed and describe how people were injured or killed. Enter a description of how people were injured or killed in the remarks section at the end of the form.

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED									
XII Weapons/Explosives Seized (Check all that apply and continue in Remarks Section)									
Type (Handgun, Rifle, etc.)	Number	Serial No.		Description (Make, Model, & Caliber)					
Handgun	2			GLOCK	21	9 mm Luger/Parabellum			
Booby Trap – Describe:									
XIII Quantity of All Drugs Seized at Lab Site (Check all that apply/Specify amount & unit of measure)									
Amphetamine		LSD			METH POWDER	3.00	GRAMS		
COCAINE POWDR	12.00	MDMA			Methcathinone				
GHB/GBL		Marijuana	MARIJUANA	4.00	POUNDS		PCP		
XIV Precursor/Chemical Source (If more than one precursor, continue in Remarks Section)									
Specify Precursor: Pseudoep Source: <input type="checkbox"/> Chemical Company <input type="checkbox"/> Convenience Store <input checked="" type="checkbox"/> Retail Outlet <input type="checkbox"/> Unknown									
Store Name: WallMart City: El Paso State: TX Country: UNITED STATES Other – Describe in remarks									
XV Precursor Agents/Catalysts/Solvents/Reagents Seized (Check all that apply/Specify unit of measure)									
Precursor Agents (If Ephedrine or Pseudoephedrine is selected, Packaging category is mandatory)									
Ephedrine	Amt	Unit of Measure		Pseudoephedrine	Amt	128.00	Unit of Measure		
Packaging:*	<input type="checkbox"/> Unknown <input type="checkbox"/> Powder <input type="checkbox"/> Tablets <input type="checkbox"/> Blister Packs			Packaging:*	<input type="checkbox"/> Unknown <input type="checkbox"/> Powder <input checked="" type="checkbox"/> Tablets <input type="checkbox"/> Blister Packs				
Source: <input type="checkbox"/> Domestic <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> India <input type="checkbox"/> China Source: <input type="checkbox"/> Domestic <input type="checkbox"/> Canada <input type="checkbox"/> Mexico <input type="checkbox"/> India <input type="checkbox"/> China									
Brand Name(s): Equate									
Lot Number(s): 1254125Q									
NOTE: Brand Names and Lot Numbers for chemicals other than ephedrine and pseudoephedrine should be entered in the Remarks Section.									
Benzaldehyde		GBL			Piperidine				
Benzylchloride		Methylamine			P2P				
Benzylcyanide		Phenylpropanolamine							

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Section XII Weapons/Explosives Seized

Section not required. Enter the Type, Number of weapons, the Serial Number, Make, Model and Caliber of the weapon. At the bottom of the section, a description of any booby traps can be entered.

Section XIII Quantity of All Drugs Seized at Lab Site

Section not required. Enter all the drugs found at the seized location. Enter the quantity and the unit of measure for each drug found at the site.

Section XIV Precursor/Chemical Source

Section not required. If entering precursor source data use the Specify precursor drop-down menu.

Section XV Agents/Catalysts/Solvents/Reagents Seized

1) Agents

If Ephedrine or Pseudoephedrine is selected, then the packaging is required. Enter the amount and the unit of measure, the packaging (required) and the source. Enter the brand name and lot number from the Ephedrine and Pseudoephedrine. Enter the quantity and unit of measure for all other agents.

Catalysts/Solvents/Reagents						
Acetone				Grignard		PCC
Alcohol				Hexamine		Phenylacetic Acid
Aluminum				Hydriodic Acid (HI)		Phosphorus
Ammonium Nitrate				Hydrochloric Acid (Muriatic)		Potassium Chlorate (Perchlorate)
Ammonium Sulfate				Hydrogen Chloride Gas		Potassium Cyanide
Anhydrous Ammonia				Hydrogen Gas		Potassium Metal
Benzene				Hydrogen Peroxide		Potassium Nitrate
Bromobenzene				Hypophosphorous Acid		Potassium Permanganate
Castor Seeds				Iodine (Crystals)	6.00 OUNCES	Sodium Chloride (Salt)
Caustic Soda				Iodine (Tincture)		Sodium Cyanide
Charcoal Lighter Fluid				Lithium Metal	6.00 GRAMS	Sodium Dichromate
Chloroform				Magnesium		Sodium Hydroxide (Lye)
Chromium Trioxide				Mercuric Chloride		Sodium Metal
Citric Acid				Methanol		Sulfuric Acid
Coleman/Camping Fuel	1.00	GALLON		Methyl Ethyl Ketone (MEK)		Thionyl Chloride
Cyclohexanone				Methylsulfonylmethane (MSM)		Toluene
Ether				Naphtha		Urea
Ethylene Glycol				Nitric Acid		Other
Freon				Nitromethane		

USE ADDITIONAL PAGES AS NECESSARY - LOCAL REPRODUCTION AUTHORIZED

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2) Catalysts/Solvents/Reagents

Enter the quantity and the unit of measure for all of the other chemicals found at the incident location. Batteries are not each, they should be listed as 1 gram per battery found at incident location. If *Other* is used, then enter details in the remarks section.

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED									
XVI Criminal Affiliation (If applicable - Type and name are mandatory if entered)									
<input type="checkbox"/> Asian Org	<input checked="" type="checkbox"/> Mexican Org	<input type="checkbox"/> Militia Group	<input type="checkbox"/> Motorcycle Gang	<input type="checkbox"/> Organized Crime	<input type="checkbox"/> Middle Eastern Group				
<input type="checkbox"/> Other		Organization/Gang/Group Name: Juarez							
XVII Suspect/Criminal Business/Criminal Vehicle Information									
Suspect #1 Information									
Last Name (Paternal)		Last Name (Maternal)		First Name		Middle Name			
Smith				Frank		Q			
Alias/Moniker			Generation	<input checked="" type="checkbox"/> Male	<input type="checkbox"/> Female	Race	Nationality (US, MX, etc.)		
Jimmy						WHITE	MEXICO		
DOB (MM-DD-YYYY)		Alt DOB (MM-DD-YYYY)		Height (in)	Weight (lbs)	Hair Color	Eye Color	Arrested	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
01-01-1980				72	180.0	BROWN	BROWN		
Phone Type:	<input type="checkbox"/> Home	<input checked="" type="checkbox"/> Cell/Mobile	<input type="checkbox"/> Pager	Phone Number					
				(915) 212-5555					
Suspect Residence Information									
Street Number		Dir. (E., S., etc.)	Street Name			Unit # (Apt)	Box #		
2121		W	Main Avenue			128			
City		County		State	Country		Zip Code		
Anthony		El Paso		TX	UNITED STATES		79825		
Involvement (Role) and Identification Numbers									
<input type="checkbox"/> Cook/Chemist	<input type="checkbox"/> Enforcer	<input type="checkbox"/> Smuggler	<input type="checkbox"/> Chemical Courier	<input type="checkbox"/> Criminal Associate					
<input checked="" type="checkbox"/> Distributor	<input type="checkbox"/> Financier	<input type="checkbox"/> Broker	Other - Describe in remarks						
Social Security Number				Driver License Number/State					
123-45-6789				2121212 TX					
FBI Number				Alien Registration Number					
NADDIS Number				Other Numbers					

Section XVI Criminal Affiliation

Select one (not required) of the affiliations listed and then enter the name of the affiliation. If *Other* is used then enter details in the remarks section.

Section XVII Suspect/Criminal Business/Criminal Vehicle Information

1) Suspect 1 Information

- Enter the name information including the alias, then the sex, race and nationality of the subject.
- Enter the DOB and identifiers for the subject. Per the EPIC Director, EPIC policy is not to collect and store data on juveniles. If Juvenile DOB is entered the Form will be rejected when Submitted.
- If a phone number is entered, the phone type is required.
- Suspect Residence Information is next, followed by the involvement of the subject. Check all that apply for the involvement.
- Enter all the Identification numbers that can be found for the subject.

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Suspect #2 Information									
Last Name (Paternal)			Last Name (Maternal)			First Name		Middle Name	
Alias/Moniker				Generation	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race	Nationality (US, MX, etc.)	
DOB (MM-DD-YYYY)		Alt DOB (MM-DD-YYYY)		Height (in)	Weight (lbs)	Hair Color	Eye Color	Arrested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Type	<input type="checkbox"/> Home	<input type="checkbox"/> Cell/Mobile	<input type="checkbox"/> Pager	Phone Number					
Suspect Residence Information									
Street Number		Dir. (E., S., etc.)	Street Name				Unit # (Apt)	Box #	
City		County		State	Country	Zip Code			
Involvement (Role) and Identification Numbers									
<input type="checkbox"/> Cook/Chemist	<input type="checkbox"/> Enforcer	<input type="checkbox"/> Smuggler	<input type="checkbox"/> Chemical Courier	<input type="checkbox"/> Criminal Associate					
<input type="checkbox"/> Distributor	<input type="checkbox"/> Financier	<input type="checkbox"/> Broker	Other - Describe in remarks						
Social Security Number				Driver License Number/State					
FBI Number				Alien Registration Number					
NADDIS Number				Other Numbers					
Suspect #3 Information									
Last Name (Paternal)			Last Name (Maternal)			First Name		Middle Name	
Alias/Moniker				Generation	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Race	Nationality (US, MX, etc.)	
DOB (MM-DD-YYYY)		Alt DOB (MM-DD-YYYY)		Height (in)	Weight (lbs)	Hair Color	Eye Color	Arrested	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone Type	<input type="checkbox"/> Home	<input type="checkbox"/> Cell/Mobile	<input type="checkbox"/> Pager	Phone Number					
Suspect Residence Information									
Street Number		Dir. (E., S., etc.)	Street Name				Unit # (Apt)	Box #	
City		County		State	Country	Zip Code			
USE ADDITIONAL PAGES AS NECESSARY - LOCAL REPRODUCTION AUTHORIZED									

Repeat Suspect information for each of the subjects involved in the incident. Three subjects can be entered into the form. If more subjects are involved then enter the information in the remarks section.

NATIONAL CLANDESTINE LABORATORY SEIZURE REPORT - CONTINUED									
Involvement (Role) and Identification Numbers									
<input type="checkbox"/> Cook/Chemist	<input type="checkbox"/> Enforcer	<input type="checkbox"/> Smuggler	<input type="checkbox"/> Chemical Courier	<input type="checkbox"/> Criminal Associate					
<input type="checkbox"/> Distributor	<input type="checkbox"/> Financier	<input type="checkbox"/> Broker	Other - Describe in remarks						
Social Security Number				Driver License Number/State					
FBI Number				Alien Registration Number					
NADDIS Number				Other Numbers					
Criminal Business Information (Include all a.k.a.'s)									
Business Name: El Azteca				Business AKA: POPO					
Street Number 555		Dir. (E., S., etc.) E	Street Name Gateway Blvd				Unit # (Apt) 3B	Box #	
City El Paso		County El Paso		State TX	Country UNITED STATE	Zip Code 79936			
Phone Type	<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Cell	<input type="checkbox"/> Fax	Phone Number ((915) 222-3131)					
NADDIS Number				Other Numbers (TECS, Case, etc.)					
Criminal Vehicle Information (If applicable - if entered, vehicle type is mandatory)									
License Plate Number ABC123			Temporary License Plate	State TX	Country UNITED ST/	Seized	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
VIN Number 123456789XYZ321				Type (Car, SUV, Pickup, etc.) CAR	Make Ford (also see English, French, German, and Italian F				
Model (FORD) Escape, Ford (see English, French, German, an	Year 2011	Owner Type	<input checked="" type="checkbox"/> Privately Owned	<input type="checkbox"/> Rental	<input type="checkbox"/> Other				

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2) Criminal Business Information

Enter the name, AKA, full address and phone number of the business. Include the NADDIS number and the TECS number if available.

3) Criminal Vehicle Information

Enter the license plate, state, country, VIN, Type (required), Make, Model and Year of the vehicle involved in the incident.

XVIII DEA Reporting Only			
GDEP Identifier <input type="checkbox"/>	Special Operations Division Supported Case	Enter DEA Office Identifier and Case Number in remarks, if applicable	
Special Agent's Name * (First, Last)		Phone # *	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Acknowledgement that the Clan Lab Seizure has been reported to CCF via a standard seizure form and submitted to the Division Asset Removal Group for processing and input into the Consolidated Asset Tracking System.	
XIX Remarks Section			
This section is for a brief scenario of what took place during the seizure. Also include the effected persons and the "Other" information from each section.			
Submission status reports and NSS incident numbers will be sent to the POC e-mail address		Internet: https://www.esp.gov	915-760-2135; Technical Assistance
Please do not e-mail a PDF file, as these files cannot be processed. Click the "SUBMIT" button and e-mail the Form Data File (FDF) to: epic_dropbox@epic.gov or as directed by State/Local Clan Lab Coordinator.			
POC e-mail address(es) - separate with semicolon and use no spaces		robin.hood@usdoj.gov;state.leader@us.state.gov;more.email@anyaddress.com	

SUBMIT

Section XVIII DEA Reporting Only

This section is used by DEA only.

Section XIX Remarks Section

This section is used to write up the general information on the incident. It should include what happened leading up to the incident and the outcome of the incident. Also included in the remarks section the description of how people were injured or killed plus any of the sections where *Other* was used as a choice should be detailed here.

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When the remarks are finished enter the E-mail address of the POC for the report. The POC should be the state agency coordinator, or your area's designee, to verify the submission of the report. The submission status report will be sent to this address. The submission status report will detail the NSS incident number if successful or the error codes if the report is unsuccessful. A unsuccessful report can be fixed and then resubmitted.

IV. Submitting the form

It is recommended that you save a copy of the form as a PDF before submitting in case you need to refer to the form later. Once all required fields have been filled out, click the "Submit" button; this will prompt you to either use your mail client or Internet mail to submit the form. Please note that the submit button creates an FDF file that contains all the data from the form; this FDF file is what must be mailed to epic_dropbox@epic.gov. EPIC cannot and will not process PDF files.

V. Support

If users have any questions completing the National Clandestine Laboratory Seizure (CLS) Form EPIC 143 please contact the Clan Lab Collections Team at 1-888-873-3742 option 2. If users experience any technical difficulties, account problems, or have suggested improvements, contact the EPIC Help Desk at 1-915-760-2135 or email at the address Helpdesk@esp.gov.