

## FORENSIC LABORATORY EXAMINATION REQUEST

1. TO:  <input checked="" type="checkbox"/>  <input type="checkbox"/> Other (Specify):	2. FROM:   3. RETURN EVIDENCE TO:	4. EXAM PRIORITY  <input checked="" type="radio"/> ROUTINE <input type="radio"/> EXPEDITE  <input type="checkbox"/> Trial/Article 32/39A (*) <input type="checkbox"/> Subject in pre-trial confinement <input type="checkbox"/> Subject pending PCS/ Separation/Reenlist (*) <input type="checkbox"/> Other (Specify in Block 13)  *Date _____	5. LAB USE ONLY a. LAB CASE #  b. METHOD OF RECEIPT  c. RECEIVED BY/DATE
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6. SUBMITTING AGENCY CASE NUMBER	7. TYPE OF OFFENSE
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8. PREVIOUS EVIDENCE SUBMITTED			
DATE:	MAIL METHOD:	LAB CASE #:	SUSPECT(S):

9. SUSPECT(S) [ <i>Last, first and middle name(s)</i> ]	10. VICTIM(S) [ <i>Last, first and middle name(s)</i> ]
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11. BRIEF DESCRIPTION (SYNOPSIS) OF CASE FACTS THAT MIGHT ASSIST THE LABORATORY IN EXAMINING OR EVALUATING THE EVIDENCE OR ADDITIONAL DOCUMENTATION ATTACHED (e.g., *Summary of investigation, crime scene sketches/photographs, statements*)

12. EVIDENCE SUBMITTED	
a. EXHIBIT	b. DESCRIPTION OF EXHIBIT