|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | |
| Requesting Officer: |  | | Badge #: |  | Agency/Troop: | |  |
|  | **(TYPE/PRINT – OFFICER’S NAME)** | |  |  |  | |  |
| Requesting Officer’s E-mail: | |  | | | Phone No: |  | |
|  | | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Submitting Officer: (Person delivering evidence to the OSBI Laboratory) | | | Evidence Delivered:  In Person  By Mail | | |
|  |  |  | |  |  |
| **(TYPE / PRINT - OFFICER’S NAME & badge#)** | **(OFFICER’S SIGNATURE)\*** | | | | **(AGENCY/TROOP)** |

|  |  |
| --- | --- |
| Requesting Agency Case #: |  |
| Type of Offense: |  |
| County of Offense: |  |
| Date of Offense: |  |
| Court Date, If Known: |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
|  | | | |
|  |  | |  |
| **OSBI Laboratory Number** | | | |
| Has evidence been previously submitted on this case?  Yes  No | | | |
| If yes, please provide the OSBI Lab #: | |  | |

**SUBJECT/SUSPECT(S):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** | **SSN** | **Check if Knowns Submitted\*** |
|  |  |  |  |  | DNA  Fingerprint  Palm Print |
|  |  |  |  |  | DNA  Fingerprint  Palm Print |
|  |  |  |  |  | DNA  Fingerprint  Palm Print |
|  |  |  |  |  | DNA  Fingerprint  Palm Print |

**\*For Biology cases, if knowns have not been submitted, please attach a signed statement describing what steps have been taken to obtain knowns.**

**VICTIM(S):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME (Last, First Middle)** | **Race** | **Sex** | **DOB** | **Check if Knowns Submitted\*** |
|  |  |  |  | DNA  Fingerprint  Palm Print |
|  |  |  |  | DNA  Fingerprint  Palm Print |

**EVIDENCE SUBMITTED:**

|  |  |  |
| --- | --- | --- |
| **Itemized Description of Evidence** (Attach additional pages if necessary) | **Type of Exam Requested\*\***  (per item) | **Biohazard?**  Y/N |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |
|  |  | Yes  No |

**\*\*For all Biology/DNA/CODIS requests, an officer statement or police report is required.**

|  |  |  |  |
| --- | --- | --- | --- |
| **\*\* For all firearm submissions, has the weapon been unloaded?** | Yes  No | **Officer’s Initials** |  |

SEND A COPY OF REPORT TO: (include address) Copy of report to DA’s OFFICE:

|  |  |
| --- | --- |
|  | Yes  No |