|  |
| --- |
|  |
| 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: |       |

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|  |
|  |
|  |  |  |
| **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 |