



## Hennepin County Sheriff's Office Forensic Science Laboratory

531 Park Avenue South Minneapolis, Minnesota 55415  
phone: 612-596-7010 website: www.HCSOFSL.org



### Request for Laboratory Examination

The Request for Laboratory Examination form must be completed for all evidence submissions. This form is designed to assist the laboratory in expediting the examination and testing of the submitted evidence by ensuring that all of the necessary information regarding the case has been provided.

The form should be filled out as completely as possible (**Please print legibly**). Incorrect or incomplete information on the form may delay the processing of evidence.

Submitting Agency:	Agency Case #:	Offense Type:	Offense Date:
Offense Address:		Offense City:	
Investigating Officer:		Investigating Officer E-Mail Address:	
Investigating Officer Direct Telephone #:		LIMS Entry By:	Laboratory Case #:

Other Evidence related to this case has previously been submitted to the laboratory.

Existing Laboratory Case #:

List all **Principals** involved in the incident below.

Last:			First:			Middle:		
Suspect Victim	Other Alias	Sex:	SID #:	FBI #:		DOB:		
Last:			First:			Middle:		
Suspect Victim	Other Alias	Sex:	SID #:	FBI #:		DOB:		
Last:			First:			Middle:		
Suspect Victim	Other Alias	Sex:	SID #:	FBI #:		DOB:		
Last:			First:			Middle:		
Suspect Victim	Other Alias	Sex:	SID #:	FBI #:		DOB:		
Last:			First:			Middle:		
Suspect Victim	Other Alias	Sex:	SID #:	FBI #:		DOB:		

Business Name (if applicable):

**Expedited Case Requests:** All requests to expedite examination and/or testing in a case require Laboratory Supervisor approval. Contact the applicable section supervisor(s) or Laboratory Director to request approval. Expedited requests will be considered under certain circumstances such as a pending court date, exigent circumstances, etc. Attach a copy of written approval to this form or inform the evidence specialist which supervisor approved the request.

Confirmed  
Approval  
(initials)

Relevant Case Information and/or Special Instructions:

Laboratory Case #:[illegible]

If you are submitting more than fourteen (14) items, please list additional items on the Request for Laboratory Examination Supplement Form.

The following measures will help expedite the examination and testing of the evidence you have submitted:

- DNA cases - if available, submit known DNA samples (buccal swabs) for all involved individuals
- Latent print cases - if available, submit the SID # and FBI # as well as known fingerprints and palm prints for all involved individuals
- **All cases – Submit a copy of the agency offense report**

### Compliance with MN Statute 299C.106 'Sexual Assault Examination Kit Handling':

When routing a sexual assault examination kit to storage, please indicate the reason testing is not requested:

previously tested

other:

Please note that all restricted kits collected by hospitals or law enforcement agencies are to be submitted to the Minnesota Bureau of Criminal Apprehension

Evidence Intake Appointment Notes:

**Record location if evidence was received off site:**  
HCSO Investigations Division Office (625 Building)  
Other:

The completed form serves as a proposed agreement for services between the submitting agency and the laboratory. The laboratory reserves the right to select the most appropriate methods for the examination and testing of the items submitted, including which items to test. Additional information regarding the laboratory's evidence submission, examination, and testing procedures is available upon request.

Evidence Submitted By (Print Name – First & Last)	Signature	Time Received
Evidence Received By (Print Name – First & Last)	Signature	Date Received