



# 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):

Rush Case Request: All rush requests require Laboratory Supervisor approval. Please contact Teddy Annang (DNA), Melissa Hummel (Firearms and Latent Prints) or Captain Steve Labatt (Director) for rush approvals. The laboratory will consider rush requests under certain circumstances such as pending court date, exigent circumstances, etc.. Please attach a copy of written approval to this form.

Copy of Written Approval Supplied

Relevant Case Information and/or Special Instructions:

Submitting Agency Case #:

Laboratory Case #:

Lab Item #	Agency Item #	Description of Evidence (Please associate evidence with appropriate individuals)	Examination(s) Requested
			B=Biology F=Firearms L=Latents S=Storage D=Destruction

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 persons
  - Fingerprint cases – If available, submit the SID # and FBI #, as well as known fingerprint samples (fingerprint and palm cards) for all involved persons
  - **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  
restricted kit  
other:

**Evidence Intake Appointment Notes:**

**Record location if evidence was received off site:**  
HCSO Investigations Division Office (701 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