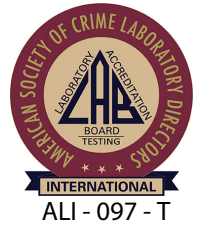




# Hennepin County Sheriff's Office Crime Laboratory

531 Park Avenue South Minneapolis, Minnesota 55415 612-596-7010

An ASCLD/LAB-International Accredited Testing Lab



## 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 this incident below. A **VICTIM** name must be listed. Suspect information must include a date of birth.

Last:	First:	Middle:	DOB:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex:	SID #:	<input type="checkbox"/> Known Sample Provided (DNA)
<input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race:	FBI #:	<input type="checkbox"/> Known Sample Provided (Fingerprints)
Last:	First:	Middle:	DOB:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex:	SID #:	<input type="checkbox"/> Known Sample Provided (DNA)
<input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race:	FBI #:	<input type="checkbox"/> Known Sample Provided (Fingerprints)
Last:	First:	Middle:	DOB:
<input type="checkbox"/> Suspect <input type="checkbox"/> Other	Sex:	SID #:	<input type="checkbox"/> Known Sample Provided (DNA)
<input type="checkbox"/> Victim <input type="checkbox"/> Deceased	Race:	FBI #:	<input type="checkbox"/> Known Sample Provided (Fingerprints)

Business Name (if applicable):

**Rush Case Request: All rush requests require Crime Laboratory Supervisor approval.** The laboratory will accommodate rush requests only under certain circumstances i.e. pending court date, exigent circumstances. If you check this box, you **must** list specific, detailed reasons in the case synopsis box below or your request will not be considered.

Supervisor Approval

Case Synopsis (**Attach Copy of Agency Offense Report**)

